

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N41054** (0)

1. Corporation Name  
**ADMIRAL FARRAGUT ACADEMY SOUTH, INC.**

Principal Place of Business Mailing Address

501 PARK STREET NORTH  
ST. PETERSBURG FL 33710  
US

501 PARK STREET NORTH  
P.O. BOX 43010  
ST. PETERSBURG FL 33743  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/03/1990** 3a. Date of Last Report **05/24/1994**

4. FEI Number **59-3038365** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**HARRIS, THOMAS M.  
150 2ND AVENUE NORTH  
SUITE 1500-SOUTHTRUST BANK BLDG.  
ST. PETERSBURG FL 33701**

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | <b>VPTD</b>                   | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>UPHAM, LAURANCE B</b>      | 12 NAME   |   |
| STREET ADDRESS             | <b>1125 - 41ST AVE., N.E.</b> | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>ST. PETERSBURG FL</b>      | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>PD</b>                     | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WHEELER, RICHARD G.</b>    | 22 NAME   |   |
| STREET ADDRESS             | <b>501 PARK STREET N.</b>     | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>ST. PETERSBURG FL</b>      | 24 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>VSTD</b>                   | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SOKOLOWSKI, CLAUDIA</b>    | 32 NAME   |   |
| STREET ADDRESS             | <b>8341 - 144TH LN., N.</b>   | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>SEMINOLE FL</b>            | 34 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>VPSD</b>                   | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARRIS, THOMAS M.</b>      | 42 NAME   |   |
| STREET ADDRESS             | <b>150 2ND AVENUE NORTH</b>   | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>ST. PETERSBURG FL</b>      | 44 CITY - ST - ZIP                                    |   |
| TITLE                      |                               | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 52 NAME   |   |
| STREET ADDRESS             |                               | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                               | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 62 NAME   |   |
| STREET ADDRESS             |                               | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 64 CITY - ST - ZIP                                    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/4/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR