

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N41054 (0)

1. Corporation Name
ADMIRAL FARRAGUT ACADEMY SOUTH, INC.



Principal Place of Business 501 PARK STREET NORTH ST. PETERSBURG FL 33710 US	Mailing Address 501 PARK STREET NORTH P.O. BOX 43010 ST. PETERSBURG FL 33743-3010 US
--	--

3. Date incorporated or Qualified 12/03/1990	3a. Date of Last Report 01/29/1996
4. FEI Number 59-3038365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 New 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	UPHAM, LAURANCE B	
STREET ADDRESS	1125 - 41ST AVE., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHEELER, RICHARD G.	
STREET ADDRESS	501 PARK STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SOKOLOWSKI, CLAUDIA	
STREET ADDRESS	8341 - 144TH LN., N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HARRIS, THOMAS M.	
STREET ADDRESS	150 2ND AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a new address.

SIGNATURE: *RICHARD G. WHEELER* **RICHARD G. WHEELER** 6 JAN '97 813-384-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051331

CR2E037 (9/96)