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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41054

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
 US



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 AS ABOVE | | 26 AS ABOVE | | 12/03/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-3038365 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23. Zip | | 28. Zip | | Country | |
| 24 | | 29 | | 30 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HARRIS, THOMAS M. 150 2ND AVENUE NORTH SUITE 1500-SOUTHTRUST BANK BLDG. ST. PETERSBURG FL 33701 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | VPTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UPHAM, LAURANCE B | 1.2 NAME | |
| STREET ADDRESS | 1125 - 41ST AVE., N.E. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHEELER, RICHARD G. | 2.2 NAME | |
| STREET ADDRESS | 501 PARK STREET N. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 2.4 CITY-ST-ZIP | |
| TITLE | VSTD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOKOLOWSKI, CLAUDIA | 3.2 NAME | |
| STREET ADDRESS | 8341 - 144TH LN., N. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | VPSD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, THOMAS M. | 4.2 NAME | |
| STREET ADDRESS | 150 2ND AVENUE NORTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHEL, GEORGE J JR | 5.2 NAME | |
| STREET ADDRESS | 310 MEDITERRANEAN RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH FL 33480 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert Klingel | 6.2 NAME | |
| STREET ADDRESS | 15530 Gulf Boulevard | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | Redington Beach FL 33708 | 6.4 CITY-ST-ZIP | |

14. I 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 an address, with all other like empowered.

SIGNATURE: **THOMAS M. HARRIS** *THOMAS M. HARRIS* 727-892-3100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)