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FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41762 (8)

1. Corporation Name

PUBLIC WORKS ACADEMY, INC.

Principal Place of Business

Mailing Address

301 4TH ST. S.W.  
P.O. BOX 2942  
LARGO FL 34649301 4TH ST. S.W.  
P.O. BOX 2942  
LARGO FL 33779-29423. Date Incorporated or Qualified  
01/14/19913a. Date of Last Report  
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3048269Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City &amp; State

City &amp; State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWALES, WILLIAM E.  
301 4TH ST., S.W.  
LARGO FL 34649-2942

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE  
NAME LAUGHLIN, THOMAS  
STREET ADDRESS 1635 THIRD AVE., N.  
CITY-ST-ZIP ST. PETERSBURG FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE DCH ☐ DELETE  
NAME BROTHERTON, ROBERT H.  
STREET ADDRESS P.O. BOX 1348 N/A  
CITY-ST-ZIP DUNEDIN FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME KUBALA, CHRIS A.  
STREET ADDRESS P. O. BOX 296 N/A  
CITY-ST-ZIP LARGO FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME DECARO, JERRY  
STREET ADDRESS 22211 US HWY 19 N.  
CITY-ST-ZIP CLEARWATER FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME BAIER, RICHARD J P.E.  
STREET ADDRESS P. O. BOX 4748 N/A  
CITY-ST-ZIP CLEARWATER FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME KENNEDY, THOMAS  
STREET ADDRESS 3201 34 ST N  
CITY-ST-ZIP ST. PETERSBURG FL 337116.1 TITLE ☐ Change ☐ 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 an address.

SIGNATURE: Thomas C. Laughlin Thomas C. Laughlin 2-14-97 892-5632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052072

CR2E037 (9/96)