## **FILE NOW: FILING FEE IS \$61.25**

CITY-ST-ZIP

FILED NONPROFIT Aug 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)TAMPA PREPARATORY SCHOOL, INC. Principal Place of Business Mailing Address 625 NORTH BLVD 625 NORTH BLVD 3. Date Incorporated or Qualified TAMPA FL 33606 TAMPA FL 33606 05/20/1974 4. FEI Number Applied For Not Applicable 59-1618607 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No. Ζip Zip Country Country B. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAC LEOD GORDON GRADY, SUSAN Street Address (P.O. Box Number is Not Acceptable) 82 **625 N BLVD TAMPA FL 33606** 83 84 City Zip Code TAMPA 33606 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 tamilia vivia, and accept the objigations of, Section 617.0503, Florida Statutes. d title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ŠD □ DELETE Change ☐ Addition 1.1 TITLE NAME HANLEY, EDWARD J JR. 1.2 NAME **404 PARK RIDGE** STREET ADDRESS 1.3 STREET ADDRESS TEMPLE TERR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ■ Addition NAME **PEIFER. CHRIS** 2.2 NAME **16308 VILLAREAL DE AVILA** STREET ADDRESS 2.3 STREET ADDRESS **T**AMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETÉ Change 3.1 TITLE ☐ Addition KUNTZ, THOMAS NAME 3.2 NAME 817 ROXMERE RD. STREET ADDRESS 3.3 STREET ADDRESS **Tam**pa Fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change \_\_\_ Addition NAME PETERSON, RONALD 4. 2 NAME 10679 BARDES CT STREET ADDRESS 4.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP PD DELETE TITLE 5.1 TITLE Addition WALTER, ROBERT NAME 5.2 NAME STREET ADDRESS 4320 KENNEDY BLVD. 5.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP **DELETÉ** TITLE 6.1 TITLE Change Addition 800002613408 NAME 6.2 NAME -08/12/98--01006--**00**9 STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*122.50

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 seceiver 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.

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