FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 117929 (0)

1. Corporation Name

MATHER OF ST. PETERSBURG, INC.

Principal Place of Business
3931 N. WASHINGTON BLVD
SARASOTA FL 34234

Mailing Address
3931 N. WASHINGTON BLVD
SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1928
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-0219170 ☐ 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
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	26
22 Suite, Apt. #, etc. 701 17th Ave W	27 Suite, Apt. #, etc.
23 City & State Bradenton FL	28 City & State
24 Zip 34205 · 25 Country Manatee	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

LINDSAY, ELIZABETH M
701 17TH AVE W
BRADENTON FL 33505

10. Name and Address of New Registered Agent

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 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 ______ 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	S	1.1 TITLE	☐ Change ☐ Addition
NAME	BOOZER, ELIZABETH	1.2 NAME	
STREET ADDRESS	2395 LIVELY TRAIL NE	1.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA, GA 00000	1.4 CITY ST ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	LINDSAY, ELIZABETH M	2.2 NAME	
STREET ADDRESS	701 17TH AVE. WEST	2.3 STREET ADDRESS	
CITY ST ZIP	BRADENTON, FL 00000	2.4 CITY ST ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, JUDITH L.	3.2 NAME	
STREET ADDRESS	2395 LIVELY TRAIL	3.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	3.4 CITY ST ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDSAY, COTTON M	4.2 NAME	
STREET ADDRESS	222 SIRRINE HALL	4.3 STREET ADDRESS	
CITY ST ZIP	CLEMSON SC	4.4 CITY ST ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	HAYDEN, T.G.	5.2 NAME	DELETE
STREET ADDRESS	701 17TH AVE. WEST	5.3 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth M Lindsay — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH M. LINDSAY

Date: 3/8/95 Daytime Phone #: 813-755-2792

0340707 CP