FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MENT # 117929

(0)

DOCUMENT #

1. Corporation Name

MATHER OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address				
701 17TH AVE. W Bradenton FL 34205	3931 N. WASHINGTON BLVD SARASOTA FL 34234				
	0,441,404,444				



BRADENTON		SARASOTA FL 34234	BLVD					
บร						orporated or Qualified 8/1928		of Last Report /01/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Num	nber 021917 0		Applied For
21		26			ງອ	02 18 170		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifica	te of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			1	Campaign Financing nd Contribution		\$5.00 May Be Added to Fees
Zıp	Country	Ζφ	Country		8. This cor	poration has liability for	intangible tax	under s 199.032,
24	25	29	30		Florida S		□No	
	9. Name and Address of Current	Registered Agent			10. Name a	and Address of New F	legistered A	gent
			81	Name				
	', elizabeth M		82	Street Ad	dress (P.O. Box N	lumber is Not Acceptab	ole)	
701 17TI	1 AVE W		[·	•	
Braden	TON FL 33505		83					
			84	Citv				85 Zip Code
			04	City			FL	BS Zip Code
or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and accept the obligations of, Section	 Such change was authorized 	ed by the corp	named corp oration's bo	oration submits the bard of directors. I	his statement for the pur hereby accept the app	rpose of char ointment as r	iging its registered office egistered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE Registered Ager	nt signature requ	ired when reinstating)		DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIO	NS/CHANGES TO OFF	ICERS AND	DIRECTORS IN 12
TITLE	S	☐ DELETE	1. 1 TITLE		OV		Ţ.	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 - S	ST-ZIP	.303	45(20)		
TITLE	DV	DELETE	2.1 TITLE	1	> 5	177	7	Change
NAME	LINDSAY, ELIZABETH M		2 2 NAME	•				
STREET ADDRESS	701 17TH AVE. WEST		23 STREET	ADDRESS	_		1	
CITY-ST-ZIP	BRADENTON, FL 00000*		2.4 CiTY-5	ST-ZIP	3420	of (aco	1	
TITLE	ST	☐ DELETE	3 1 TITLE			Or.		Change
NAME	Warren, Judith L.		3.2 NAME					
STREET ADDRESS	2395 LIVELY TRAIL		3.3. STREE	T ADDRESS	_	-/ 1 -	_	
CITY-ST-ZIP	atlanta ga		3.4 C(TY-5	ST - ZiP	3034	5 (MD)	/
1:TLE	PD	☐ DELETE	4.1 TITLE					Change
NAME	LINDSAY, COTTON M		4 2 NAME			_	•	
STREET ADDRESS	222 SIRRINE HALL		43 STREET	ADDRESS	001-	45 (zip) 55 (zip) 45 (zip)		
CITY-ST-ZIP	CLEMSON SC		4.4 CITY- S	ST-ZIP	0963	4 (34)		
TITLE		☐ DELETE	5 1 TITLE			00		Change Addition
NAME			52 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CiTY-5	ST - ZIP				
TITLE		☐ DELETE	6 1 TITLE				Ē	Change Addition
NAME			62 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-S					
	and it that the information ourselied u	dal alice filtre in the manufacture.			· for the evenetic	n stated in Section 110	0719:(L) Flor	de Otatudas I funthas

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: Bligateth M Lindson OFFICER OR DIE TOR

SECRETARY ...

4/22/9 6 Destrine Phone #