FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

PALNEZ SCHOOLS, INC.

(4)

FILED	
Apr 18 1997 8:00a	m
Secretary of State)

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Principal Place of Business Mailing Address				-		1 199694 1110 19110 01110 11991 11970 9111 1					
7822 NORTH 5		7822 NORTH 56TH ST	7822 NORTH 56TH ST								
TAMPA FL 336	17	TAMPA FL 33617-8133									
						3. Date Incorporated or Qualified 02/21/1972	3a. Date of 02/16/1		eport		
2. Principal Place of Business 28. Mailing Address				•		4. FEI Number	Applied For				
21		26	·			59-1464552		No	t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$ <i>€</i>	3.75 /	Additional			
22		27				6. Certificate of Status Desired		Fee Re	quired		
City & State	City & Stato	y & Stato			6. Election Campaign Financing	\$	5.00	May Be			
23		28		~ ·		Trust Fund Contribution			o Fees		
Zip	Country	Zip	7	untry		8. This corporation has liability for in			199.032,		
24	25		30	,			Yes No				
CAD	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Reg	isterea Agen				
	ITER, MARTHA A. 9 TIERRE VERDE				Haine						
	PA FL 33617			82	Street	Address (P.O. Box Number is Not Acceptable	e)				
TAM	FA FL 33017			83			.				
				0.3							
-				84	City		FL 85	Zip (Code		
dd Disserved	10 707 Ot	00 007 41 00 0				and the state of t					
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	uthorize	ed by	the con	corporation submits this statement for the proporation's board of directors. I hereby accep	the appointm	nging it nent as	registered		
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fic	rida Sta	tutes	S.						
SIGNATURE	Signature, typed or printed name of registered ag	wast and bile it assured block (MC)	- Constant	od Ana	ol construc	required when reinstating)	DAIL				
12.		ND DIRECTORS	13.		an s granne	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12		
TITLE	PO	☐ DELETE	1.1 7	1TLE		A Nonectus		Change	Addition		
NAME	Carter, Martha A.		1.2 N	IAME		Bethea, ANN G 8009 Tierra Verde					
STREET ADDRESS	8009 TIERRA VERDE		1.3 9	DREET	ADDRESS	8009 Tierra Verde					
CITY-ST-ZIP	TAMPA FL		1.4 0	HTY-S	T - 7/P	TAMPA FL 33617					
TITLE	VI	☐ DELETE	2.1 THLE					Change	Addition		
NAME	Bethea, James A. III		2.2 N	IAME							
STREET ADDRESS	1351 NORTH JALI POINT		2.3 \$	iree1	ADDRESS						
CITY-ST-ZIP	CRYSTAL RIVER FL		2. 4 CITY-		ST-ZIP						
TITLE	VS	☐ DELETE	3.1 T	ITLE				Change	Addition		
NAME	BETHEA, MELANIE		3.2 N	IAME							
STREET ADDRESS	8009 TIERRA VERDE		3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL		3.4 (ODY-S	ST- ZIP						
TITLE		☐ DÉLÉTÉ	4.1 }	nte				Change	☐ Addition		
NAME			4.21	MAME							
STREET ADDRESS			4.3 S	TREE 1	ADDRESS						
CITY-ST-ZIP		T or ere		11Y-S	T-ZIP						
TITLE		DELETE	5.1 ⊤				L.J (Change	☐ Addition		
NAME			5.2 N						ļ		
STREET ADDRESS	_				ADDRESS						
CITY-ST-ZIP		FISTERS		ITY-S	I-ZIP			\h · ·	T Address		
TITLE		☐ DELETE	6.1 T				[_] (Change	Addition		
NAME			6.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 0	HY-S	1 - ZIP						

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 813-988-2875