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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90047 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 396216

1. Corporation Name

PALNEZ SCHOOLS, INC.

Principal Place of Business

7822 NORTH 56TH ST
TAMPA FL 33617

Mailing Address

7822 NORTH 56TH ST
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1972

4. FEI Number

59-1464552

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

CARTER, MARTHA A.
8009 TIERRE VERDE
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

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

2181 n. Watersedge Drive

83

84 City

Crystal River

FL

85 Zip Code

34429

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 *Martha A Carter*

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

(NOTE: Registered Agent signature required when reinstating)

1-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CARTER, MARTHA A.
STREET ADDRESS 8009 TIERRA VERDE
CITY-ST-ZIP TAMPA FL

TITLE VT ☐ DELETE
NAME BETHEA, JAMES A. III
STREET ADDRESS 8009 TIERRA VERDE
CITY-ST-ZIP TAMPA FL 33617

TITLE VS ☐ DELETE
NAME BETHEA, MELANIE
STREET ADDRESS 6309 MISTY LN
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ DELETE
NAME BETHEA, ANN G
STREET ADDRESS 8009 TIERRA VERDE
CITY-ST-ZIP TAMPA FL

TITLE C ☐ DELETE
NAME BETHEA, JAMES A
STREET ADDRESS 2181 N WATSEEDGE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2181 n. Watersedge Drive
1.4 CITY-ST-ZIP Crystal River, FL 34429

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2708 Brock Rd
2.4 CITY-ST-ZIP Plant City, FL 33565-5742

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 2708 Brock Rd
4.4 CITY-ST-ZIP Plant City, FL 33565-5742

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: *m* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 352-795-5675

Date Daytime Phone #

CR2E034 (1/98)