FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726693 (5)

1. Corporation Name

JUNIOR ACHIEVEMENT OF GREATER TAMPA, INC.

Principal Place of Business	Mailing Address
4810 NORTH HOWARD AVENUE SUITE 107 TAMPA FL 33603	4810 NORTH HOWARD AVENUE SUITE 107 TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1469896 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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 5118 N. 56TH ST.	26 5118 N. 56TH ST.
22 Suite, Apt. #, etc. 123	27 Suite, Apt. #, etc. 123
23 City & State TAMPA FL.	28 City & State TAMPA FL.
24 Zip 33610 — 25 Country	29 Zip 33610 — 30 Country

9. Name and Address of Current Registered Agent

WEIL, JOHN R
~~4810 N HOWARD AVE #107~~
~~TAMPA FL 33603~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5118 N. 56TH ST #123
83
84 City: TAMPA — FL — 85 Zip Code: 33610

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	VC ☐ Change ☐ Addition
NAME	~~GILLEN, WILLIAM~~	1.2 NAME	DAVE KREGGE
STREET ADDRESS	501 W KENNEDY BLVD	1.3 STREET ADDRESS	400 N. ASHLEY 22 FLOOR
CITY-ST-ZIP	~~TAMPA, FL 00000~~	1.4 CITY-ST-ZIP	TAMPA FL. 33602
TITLE	VD	2.1 TITLE	VC ☐ Change ☐ Addition
NAME	TOMLIN, JOHN	2.2 NAME	
STREET ADDRESS	~~4810 N HOWARD AVE #107~~	2.3 STREET ADDRESS	1515 N WESTSHORE BLVD
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	TAMPA FL. 33607
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	PAPPAS, JAMES	3.2 NAME	
STREET ADDRESS	4202 E. FOWLER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VDT	4.1 TITLE	☐ Change ☐ Addition
NAME	LENHART, MILES	4.2 NAME	
STREET ADDRESS	~~4810 N HOWARD AVE #107~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP	
TITLE	~~VDT~~	5.1 TITLE	VC ☐ Change ☐ Addition
NAME	~~DEGOOD, GERALD~~	5.2 NAME	SAM HORTON
STREET ADDRESS	~~101 E KENNEDY BLVD~~	5.3 STREET ADDRESS	8903 JACKSON SPRINGS
CITY-ST-ZIP	~~TAMPA FL~~	5.4 CITY-ST-ZIP	TAMPA FL. 33615
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	WEIL, JOHN	6.2 NAME	
STREET ADDRESS	~~6410 E BUSCH~~	6.3 STREET ADDRESS	5118 N. 56TH ST. #123
CITY-ST-ZIP	~~TAMPA, FL 00000~~	6.4 CITY-ST-ZIP	TAMPA FL. 33610

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R. Weil — 4/26/95 — 664-8920
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
John R. Weil

0083404