

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 726693 (5)

1. Corporation Name

JUNIOR ACHIEVEMENT OF GREATER TAMPA, INC.

Principal Place of Business

Mailing Address

5118 N. 56TH ST.
SUITE 123
TAMPA FL 33610
US

5118 N. 56TH ST.
SUITE 123
TAMPA FL 33610
US

FILED
Aug 27 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

06/13/1973

4. FEI Number

59-1469896

Applied For

Not Applicable

2. Principal Place of Business

21 5405 W. Cypress St.

Suite, Apt. #, etc.

22 Suite 318

City & State

23 TAMPA FL

Zip

24 33607

Country

25 US

2a. Mailing Address

26 5405 W. Cypress St.

Suite, Apt. #, etc.

27 Suite # 318

City & State

28 TAMPA FL

Zip

29 33607

Country

30 US

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEIL, JOHN R
5118 N. 56TH ST.
SUITE 123
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name GEORGE, VICTOR D.
82 Street Address (P.O. Box Number is Not Acceptable)
5405 W. Cypress St.
83 Suite 318
84 City TAMPA FL 85 Zip Code 33607

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John R. Weil PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

8/19/98

DATE

12. OFFICERS AND DIRECTORS

TITLE VCD
NAME KREGGE, DAVE ☐ DELETE
STREET ADDRESS 400 N. ASHLEY, 12TH FLOOR
CITY-ST-ZIP TAMPA FL

TITLE CD
NAME TOMLIN, JOHN ☐ DELETE
STREET ADDRESS 1515 N. WESTSHORE BLVD.
CITY-ST-ZIP TAMPA FL

TITLE VCD
NAME CEPELAK, JOSEPH ☐ DELETE
STREET ADDRESS 4100 BOY SCOUT BLVD
CITY-ST-ZIP TAMPA FL

TITLE D
NAME LENHART, MILES ☒ DELETE
STREET ADDRESS 4810 N HOWARD AVE #107
CITY-ST-ZIP TAMPA FL

TITLE VCD
NAME HORTON, SAM ☐ DELETE
STREET ADDRESS 8003 JACKSON SPRINGS
CITY-ST-ZIP TAMPA FL

TITLE P
NAME WEIL, JOHN ☒ DELETE
STREET ADDRESS 5118 N 56TH ST., #123
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 CHAIR
4.3 STREET ADDRESS Robin Smith
4.4 CITY-ST-ZIP 100 NORTH TAMPA ST., STE 3900
TAMPA, FL 33602

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 P
6.3 STREET ADDRESS Victor George
6.4 CITY-ST-ZIP 5405 W. Cypress St., St. 318
TAMPA, FL

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

SIGNATURE:

Joseph L. Cepelak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/98 813-870.8320

Date Daytime Phone #

CR2E037 (5/98)