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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:15

DOCUMENT # **757686** **(1)**

1. Corporation Name
CARPENTERS TECHNICAL TRAINING CENTER, INC.

Principal Place of Business	Mailing Address
7930 US 301 N TAMPA FL 33637	7930 US 301 N TAMPA FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1981
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2672962 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

JONES, E. CARL
2176 BELAIRE DR
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: Charles W. Cousineau
82 Street Address (P.O. Box Number is Not Acceptable): 7930 U.S. 301 N.
83
84 City: Tampa **FL** 85 Zip Code: 33637

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: Charles W. Cousineau 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAIR, BRIAN	1.2 NAME		
STREET ADDRESS	5503 SEMINOLE AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, LARRY	2.2 NAME		
STREET ADDRESS	6215 HARNEY ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, FAL	3.2 NAME		
STREET ADDRESS	2917 OXFORD AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	ST	☒ Change ☐ Addition
NAME	JONES, E. CARL	4.2 NAME	Cousineau, Charles W.	
STREET ADDRESS	2176 BELAIRE DR	4.3 STREET ADDRESS	7930 U.S. 301 N.	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	Tampa, FL 33637	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Charles W. Cousineau 1-18-95 813/980-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064026