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 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762519** **(7)**

1. Corporation Name

BILL MCCOLLUM INTERN PROGRAM, INC.

Principal Place of Business	Mailing Address
605 EAST ROBINSON ST STE 650 ORLANDO FL 32801 US	605 EAST ROBINSON ST STE 650 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1982	3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2181595	☐ 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 XX	$68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes XX No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, MICHAEL S 300 ADAIR AVENUE LONGWOOD FL 32750	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	STD	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, MICHAEL S	12 NAME	
STREET ADDRESS	300 ADAIR AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCCOLLUM, BILL	22 NAME	
STREET ADDRESS	605 E ROBINSON ST SUITE 650	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, PATRICIA	32 NAME	
STREET ADDRESS	650 SANDPIPER RD	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, ANNA	42 NAME	
STREET ADDRESS	903 LEIGH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	VOGT,LINDA	52 NAME	
STREET ADDRESS	5111 BELLEVILLE AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BUERGER, ROBERT P	62 NAME	
STREET ADDRESS	26 MINNEHAHA CIR	63 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	64 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)(k), 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 attached with address.

SIGNATURE: Bill McCollum April 7, 1995 (407)872-1962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bill McCollum, President

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