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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762519 (7)

1. Corporation Name

BILL MCCOLLUM INTERN PROGRAM, INC.

Principal Place of Business

605 EAST ROBINSON ST  
STE 650  
ORLANDO FL 32801  
US

Mailing Address

605 EAST ROBINSON ST  
STE 650  
ORLANDO FL 32801-2017  
US3. Date Incorporated or Qualified  
03/19/19823a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-2181595

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

DAVIS, MICHAEL S Suite B  
300 ADAIR AVENUE- 3936 Tamiami Trail North  
LONGWOOD FL 32750 Naples, FL 33940

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 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

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 STD  
NAME DAVIS, MICHAEL S  
STREET ADDRESS 300 ADAIR AVENUE  
CITY-ST-ZIP LONGWOOD FL☐ DELETE1.1 TITLE  
1.2 NAME Davis, Michael S.  
1.3 STREET ADDRESS 3936 Tamiami Trail North, Suite B  
1.4 CITY-ST-ZIP Naples, FL 33940☒ Change ☐ Addition of addressTITLE PD  
NAME MCCOLLUM, BILL  
STREET ADDRESS 605 E ROBINSON ST SUITE 650  
CITY-ST-ZIP ORLANDO FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VD  
NAME SIMPSON, PATRICIA  
STREET ADDRESS 650 SANDPIPER RD  
CITY-ST-ZIP APOPKA FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D  
NAME MCCARTHY, ANNA  
STREET ADDRESS 903 LEIGH AVENUE  
CITY-ST-ZIP ORLANDO FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D  
NAME VOGT, LINDA  
STREET ADDRESS 5111 BELLEVILLE AVENUE  
CITY-ST-ZIP ORLANDO FL☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D  
NAME BUERGER, ROBERT P  
STREET ADDRESS 28 MINNEHAHA CIR  
CITY-ST-ZIP MAITLAND FL☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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:

(Bill McCollum) 1/9/97 407/872-1962

Date

Daytime Phone # 0015819

CR2E037 (9/96)