FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002726 (6)**

1. Corporation Name

ALTERNATIVE CONCEPTS IN TRAINING, INC.

Principal Place of Business	Mailing Address
12095 83RD WAY N. LARGO FL 34643	12095 83RD WAY N. LARGO FL 34643

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

2a. Mailing Address
26 P O Box 5325
Suite, Apt. #, etc.
27
City & State
28 Largo FL
Zip 29 34649 Country 30 USA

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report:

4. FEI Number: APPLIED FOR 59-3315118 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WOLFE, LARRY
200 A JOHN KNOX RD.
TALLAHASSEE FL 32303

10. **Name and Address of New Registered Agent**

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 (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCT	☐ DELETE	1.1 TITLE	PC	☒ Change ☐ Addition
NAME	LINDSEY, JEFFREY T		1.2 NAME		
STREET ADDRESS	12095 83RD WAY N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		1.4 CITY-ST-ZIP		
TITLE	VCVS	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	LINDSEY, KANDACE R		2.2 NAME		
STREET ADDRESS	12095 83RD WAY N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME			3.2 NAME	Delmar H. Schwanke	
STREET ADDRESS			3.3 STREET ADDRESS	2359 Finlandia Ln #29	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Clearwater FL 34623	
TITLE		☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME			4.2 NAME	N Joyce Schwanke	
STREET ADDRESS			4.3 STREET ADDRESS	2359 Finlandia Ln #29	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Clearwater FL 34623	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey T. Lindsey PRESIDENT JEFFREY T. LINDSEY 2-22-96 813/524-1406
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)