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FILED  
Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

12095 83RD WAY N.  
LARGO FL 34643

Mailing Address

P O BOX 5325  
LARGO FL 33779-5325  
US

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33773

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE  
NAME LINDSEY, JEFFREY T  
STREET ADDRESS 12095 83RD WAY N.  
CITY-ST-ZIP LARGO FL

TITLE S ☐ DELETE  
NAME LINDSEY, KANDACE R  
STREET ADDRESS 12095 83RD WAY N.  
CITY-ST-ZIP LARGO FL

TITLE V ☐ DELETE  
NAME SCHUMANKE, DELMAR H  
STREET ADDRESS 2359 FINLANDIA LN 29  
CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ DELETE  
NAME SHUMANKE, H JOYCE  
STREET ADDRESS 2359 FINLANDIA LN 29  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 SCHWANKE, DELMAR  
3.3 STREET ADDRESS 90 WOODRIDGE CT  
3.4 CITY-ST-ZIP OLDSMAR FL 34677

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME SCHWANKE, H. JOYCE  
4.3 STREET ADDRESS 90 WOODRIDGE CT  
4.4 CITY-ST-ZIP OLDSMAR FL 34677

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  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY T. LINDSEY 4-6-97 813-524-1406

Date

Daytime Phone #

0396113

CR2E034 (9/96)