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

11 PM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04027** **(1)**

1. Corporation Name

H.A.R.C. INDUSTRIES PARENTS' GROUP, INC.

Principal Place of Business	Mailing Address
10802 HACKNEY DR RIVERVIEW FL 33569 US	10802 HACKNEY DR RIVERVIEW FL 33569 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1984	3a. Date of Last Report: 04/29/1994
4. FEI Number: NOT APPLICABLE	☐ 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 ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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
MCPIKE, JOANNE M 3903 DELEON STR TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number s 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHAMBLISS, LORRAINE	12 NAME	
STREET ADDRESS	7335 POTTS RD	13 STREET ADDRESS	
CITY ST ZIP	RIVERVIEW FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BULLOCK, JOANNE	22 NAME	
STREET ADDRESS	1510 BATES ST	23 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	24 CITY ST ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	MCPIKE, JOANNE	32 NAME	
STREET ADDRESS	3903 DELEON STR	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CHAMBLISS, K WAYNE	42 NAME	
STREET ADDRESS	7335 POTTS RD	43 STREET ADDRESS	
CITY ST ZIP	RIVERVIEW FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BRANNOCK, STEVEN	52 NAME	
STREET ADDRESS	8113 REVELS RD	53 STREET ADDRESS	
CITY ST ZIP	RIVERVIEW FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Joanne M. McPike, VP & Treas JOANNE M. McPIKE 5-4-95 (813)875-9494
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0062827

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Sandra B. Mortham
Secretary of State
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9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04509** **(8)**

1. Corporation Name

THE FLORIDA FBI NATIONAL ACADEMY ASSOCIATES, INC

Principal Place of Business	Mailing Address
1922 NW 58 TERR P. O. BOX 25 GAINESVILLE FL 32605 US	1922 NW 58 TERR P. O. BOX 25 GAINESVILLE FL 32605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2524499 ☐ 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 ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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:

9. Name and Address of Current Registered Agent

SNOWDEN, CHARLES C SR
1922 NW 58 TERR
2008-8TH AVENUE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	COOK, TRAVIS W	12 NAME	
STREET ADDRESS	362 PENINSULAR CT	13 STREET ADDRESS	
CITY ST ZIP	HAINES CITY FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	WERDER, EDWARD J	22 NAME	WERDER, EDWARD J.
STREET ADDRESS	131 N 2 ST	23 STREET ADDRESS	11610 STONEBRIDGE PARKWAY
CITY ST ZIP	FT PIERCE FL	24 CITY ST ZIP	COOPER CITY FL 33026-1114
TITLE	~~PD~~	31 TITLE	VD ☒ Change ☐ Addition
NAME	~~ZOOVAS, MICHAEL A~~	32 NAME	MULDOON, DOUGLAS F.
STREET ADDRESS	~~8401 SW 57TH ST~~	33 STREET ADDRESS	1138 ABBEY CIRCLE NE
CITY ST ZIP	~~DAVIE FL~~	34 CITY ST ZIP	PALM BAY FL 32905
TITLE	VD	41 TITLE	PD ☒ Change ☐ Addition
NAME	WILLINGHAM, MARK A	42 NAME	WILLINGHAM, MARK A.
STREET ADDRESS	4839 MARINER PT DR	43 STREET ADDRESS	4839 MARINER PT DR
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	JACKSONVILLE FL 32225
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	SNOWDEN, CHARLES C., SR.	52 NAME	
STREET ADDRESS	1922 N.W. 58TH TERR.	53 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 C Snowden 5/03/95 904-374-3657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Daytime Phone #)
Executive Secretary - Treasurer

0029817