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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:49

DOCUMENT # N28392 (1)

1. Corporation Name

MISS LARGO SCHOLARSHIP PAGENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 731
LARGO FL 34649-0731

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LARGO FL 34649-0731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1988
3a. Date of Last Report 03/01/1994
4. FEI Number 59-2920609
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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 601(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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, RACINE
1810 BRENTWOOD DRIVE
CLEARWATER FL 34624

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 *Racine Hall* REGT. 1-24-95
(Signature, typewritten 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

1. TITLE D 2. NAME HEASTON, MARY 3. STREET ADDRESS PO BOX 326 N/A 4. CITY - ST - ZIP LARGO FL	1.1 TITLE ED. 1.2 NAME RON IVERSON 1.3 STREET ADDRESS 1732 GOLFWAY DR. 1.4 CITY - ST - ZIP BELLEAIR, FL. 34616
1. TITLE P 2. NAME HALL, RACINE 3. STREET ADDRESS 1810 BRENTWOOD DR. 4. CITY - ST - ZIP CLEARWATER FL	2.1 TITLE T. 2.2 NAME PAT IVERSON 2.3 STREET ADDRESS 1732 GOLFWAY DR. 2.4 CITY - ST - ZIP BELLEAIR, FL. 34616
1. TITLE TD 2. NAME LENTZ, SUSAN 3. STREET ADDRESS 1651 YOUNG AVE S. 4. CITY - ST - ZIP CLEARWATER FL	3.1 TITLE D. 3.2 NAME SUSAN LENTZ 3.3 STREET ADDRESS 1651 YOUNG AVE S. 3.4 CITY - ST - ZIP CLEARWATER, FL.
1. TITLE D 2. NAME IVERSON, RON 3. STREET ADDRESS 1732 GOLFWAY DR. 4. CITY - ST - ZIP BELLEAIR FL	4.1 TITLE P. 4.2 NAME SANDY PARKER 4.3 STREET ADDRESS 13250 RIDGE RD 2-3 4.4 CITY - ST - ZIP LARGO, FL 34618
1. TITLE D 2. NAME ROSE, LARRY 3. STREET ADDRESS 781 CORTEZ AVE 4. CITY - ST - ZIP BELLEAIR CLIFFS FL	5.1 TITLE D. 5.2 NAME KATHY HART 5.3 STREET ADDRESS 1234 93RD AVE N. 5.4 CITY - ST - ZIP LARGO FL. 34613
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	6.1 TITLE D. 6.2 NAME DENNIS GRAY 6.3 STREET ADDRESS 2219 EUCALIA CIRCLE SO 6.4 CITY - ST - ZIP CLEARWATER, FL. 34624

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 110.07(3)(b), 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: *Ronald J. Iverson* 1-28-95 813-584-6573
(Signature, typewritten or printed name of signing officer or director. (NOTE: Signature of officer or director required when reinstating) DATE)