

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N28392 (1)

1. Corporation Name

MISS LARGO SCHOLARSHIP PAGENT, INC.



Principal Place of Business

P.O. BOX 731  
LARGO FL 34649-0731

Mailing Address

P.O. BOX 731  
LARGO FL 34649-0731

3. Date Incorporated or Qualified

09/16/1988

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26

27

28

29

30

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 RON IVERSON

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

R. J. Iverson

(NOTE: Registered Agent signature required when reinstating)

DATE

5-4-96

9. Name and Address of Current Registered Agent

HALL, RACINE  
1810 BRENTWOOD DRIVE  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name RON IVERSON  
82 Street Address (P.O. Box Number is Not Acceptable) 1732 GOLFVIEW DR.  
83  
84 City Belleair FL 85 Zip Code 34614

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	ED	MERSON, RON	1732 GOLVIEW DR	
			BELLEAIR FL	
	T	MERSON, PAT	1732 GOLFVIEW DR	
			BELLEAIR FL	
	D	LENTZ, SANDY	1651 YOUNG AVE S	<input checked="" type="checkbox"/>
			CLEARWATER FL	
	P	PANKRATZ, SANDY	13250 RIDGE RD 2-3	<input checked="" type="checkbox"/>
			LARGO FL	
	D	HART, KATHY	1234 93 WAY N	<input checked="" type="checkbox"/>
			LARGO FL	
	D	GRAY, DENNIS	2219 EUCLID CIRCLE SO	<input checked="" type="checkbox"/>
			CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ED Smith  
102 2nd St.  
Belleair Beach FL 34634

President  
Pam Gray  
2219 Euclid Circle S.  
Clearwater FL

Shannon Rees  
3058 Branch Dr  
Clw. FL 34620

Vice President  
Gray Dennis  
2219 Euclid Circle S  
Clearwater FL

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)(k), 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:

R. J. Iverson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-96 813-584-6573

Date

Daytime Phone #

CR2E037 (12/95)