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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N28392 (1)
1. Corporation Name

MISS LARGO SCHOLARSHIP PAGENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 731
LARGO FL 34649-0731P.O. BOX 731
LARGO FL 33779-07313. Date Incorporated or Qualified
09/16/19883a. Date of Last Report
06/18/19964. FEI Number
59-2920609Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RON IVERSON
1732 GOLFVIEW DR.
BELLEAIR FL 3462481 Name RACINE HALL
82 Street Address (P.O. Box Number is Not Acceptable)
1810 BRENTWOOD DR

83

84 City CLEARWATER FL 85 Zip Code 34624

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 Racine Hall RACINE HALL

2/4/97

Signature, typed 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

TITLE ED
NAME IVERSON, RON RACINE HALL
STREET ADDRESS 1732 GOLFVIEW DR
CITY-ST-ZIP BELLEAIR FL1.1 TITLE ED
1.2 NAME RACINE HALL
1.3 STREET ADDRESS 1810 BRENTWOOD DR
1.4 CITY-ST-ZIP CLEARWATER FL 34624TITLE T
NAME IVERSON, PAT
STREET ADDRESS 1732 GOLFVIEW DR
CITY-ST-ZIP BELLEAIR FL2.1 TITLE ROLAND BAILEY
2.2 NAME ROLAND BAILEY
2.3 STREET ADDRESS 1810 BRENTWOOD DR
2.4 CITY-ST-ZIP CLEARWATER FL 34624TITLE D
NAME E.A. SMITH
STREET ADDRESS 102 2ND ST.
CITY-ST-ZIP BELLEAIR FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE P
NAME PAM GRAY
STREET ADDRESS 2219 EUCLID CIRCLE S.
CITY-ST-ZIP CLEARWATER FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME SHANNON REES
STREET ADDRESS 3058 BRANCH DR.
CITY-ST-ZIP CLEARWATER FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VP
NAME GRAY DENNIS
STREET ADDRESS 2219 EUCLID CIRCLE SO
CITY-ST-ZIP CLEARWATER FL6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Racine Hall RACINE HALL Executive Director 813-447-7648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052034

CR2E037 (9/96)