


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90188 040 ****61.25

0056115

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N28392

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/16/1988

4. FEI Number

59-2920609

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

9. Name and Address of Current Registered Agent

HALL, RACINE
1810 BRENTWOOD DR
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

REES, SHANNON

82 Street Address (P.O. Box Number is Not Acceptable)

3058 BRANCH DRIVE

83

84 City

CLEARWATER

FL

85 Zip Code
33760

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ED
HALL, RACINE
STREET ADDRESS 1810 BRENTWOOD DR
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME T
BAILEY, ROLAND
STREET ADDRESS 1810 BRENTWOOD DR
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME D
E.A. SMITH
STREET ADDRESS 102 2ND ST.
CITY-ST-ZIP BELLEAIR FL

TITLE ☒ DELETE

NAME P
PAM GRAY
STREET ADDRESS 2219 EUCLID CIRCLE S.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME D
SHANNON REES
STREET ADDRESS 3058 BRANCH DR.
CITY-ST-ZIP CLEARWATER FL

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 P
HALL, RACINE
1.3 STREET ADDRESS 1810 BRENTWOOD DRIVE
1.4 CITY-ST-ZIP CLEARWATER FLORIDA 34624

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ED
REES, SHANNON
2.3 STREET ADDRESS 3058 BRANCH DRIVE
2.4 CITY-ST-ZIP CLEARWATER FLORIDA 33760

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D/S
CLARK, LINDA KAY
3.3 STREET ADDRESS 7139 PARKSIDE VILLAS DRIVE NORTH
3.4 CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33709

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME V
DYMTROW, MARY
4.3 STREET ADDRESS 3142 SHORELINE DRIVE
4.4 CITY-ST-ZIP CLEARWATER, FLORIDA 33760

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME T
BAILEY, ROLAND
5.3 STREET ADDRESS 2823 EAGLE RUN CIRCLE NORTH
5.4 CITY-ST-ZIP CLEARWATER, FL. 33760

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Shannon Rees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 (727) 536-0565
Date Daytime Phone #

CR2E037 (11/98)