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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N37790 **(5)**

1. Corporation Name

~~J. CLIFFORD MACDONALD, INC.~~

MACDONALD TRAINING CENTER HOLDING CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4304 BOY SCOUT BLVD. TAMPA FL 33607-5730	4304 BOY SCOUT BLVD. TAMPA FL 33607-5730

3. Date Incorporated or Qualified: 04/24/1990
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-3015430 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

~~TROCKE, MICHAEL T.~~
~~100 S. ASHLEY DR.~~
~~SUITE 1400~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name: Michael T. Trocke
82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd.
83: Suite 2300
84 City: Tampa **FL** 85 Zip Code: 33602

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~~	1.1 TITLE	P ☐ Change ☒ Addition
NAME	~~STUCK, JEAN~~	1.2 NAME	George H. Pennington, Jr.
STREET ADDRESS	~~10205 FLEETWOOD DR~~	1.3 STREET ADDRESS	4304 Boy Scout Blvd.
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	BOZEMANN, WILLIAM L.	2.2 NAME	
STREET ADDRESS	201 S LINCOLN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	TROCKE, MICHAEL T.	3.2 NAME	Michael T. Trocke
STREET ADDRESS	100 ASHLEY DR. S.	3.3 STREET ADDRESS	101 E. Kennedy Blvd. Ste 2500
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

2/24/95

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 added by an attachment with an addition.

SIGNATURE: _____ 2/14/95 (813) 870-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
George H. Pennington, Jr.