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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N37790** (5)

1. Corporation Name
MACDONALD TRAINING CENTER HOLDING CORP.

Principal Place of Business	Mailing Address
4304 BOY SCOUT BLVD. TAMPA FL 33607-5730	4304 BOY SCOUT BLVD. TAMPA FL 33607-5717

3. Date Incorporated or Qualified: 04/24/1990
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business — 21 ___ Suite, Apt #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address — 26 ___ Suite, Apt #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TROCKE, MICHAEL T.
101 E. KENNEDY BLVD.
SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 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 ______________________________ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PENNINGTON, GEORGE H., JR.		1.2 NAME		
STREET ADDRESS	4304 BOY SCOUT BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE	C/D	☒ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TROCKE, MICHAEL T.		3.2 NAME		
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 2500		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	FLYNN, PAUL		4.2 NAME		
STREET ADDRESS	425 MONTROSE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Peter Kelly	
STREET ADDRESS			5.3 STREET ADDRESS	501 E. Kennedy Blvd. Suite 1400	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: George H. Pennington, Jr. 3/18/97 (813) 870-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047579