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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37790

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 33607-5730

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/24/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3015430 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	CD	☐ DELETE	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	☐ 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	D	☐ DELETE	4.1 TITLE		☐ 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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, PETER		5.2 NAME		
STREET ADDRESS	501 E KENNEDY BLVD., SUITE 1400		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEBOISER, KIMBERLEE		6.2 NAME		
STREET ADDRESS	5420 BAY CENTER DRIVE SUITE 108		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		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: SIGNATURE REQUIRED George H. Pennington,Jr. 2/9/99 (813) 870-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)