FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:32

DOCUMENT # **N37797** **(0)**

1. Corporation Name
MACDONALD TRAINING CENTER PROPERTIES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1990
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-3010534 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 2500
84 City: Tampa **FL** 85 Zip Code: -3602

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 reinstated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☐ Change ☒ Addition P
NAME	~~STUCK, JEAN~~	12 NAME	George H. Pennington, Jr.
STREET ADDRESS	~~10205 FLEETWOOD DRIVE~~	13 STREET ADDRESS	4304 Boy Scout Blvd.
CITY-ST-ZIP	~~TAMPA FL~~	14 CITY-ST-ZIP	Tampa, FL 33607
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	FLYNN, PAUL	22 NAME	
STREET ADDRESS	425 MONTROSE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☒ Change ☐ Addition D
NAME	TROCKE, MICHAEL T.	32 NAME	Michael T. Trocke
STREET ADDRESS	9009 POST ROAD	33 STREET ADDRESS	101 E. Kennedy Blvd. Suite 2500
CITY-ST-ZIP	ODESSA FL	34 CITY-ST-ZIP	Tampa, FL 33602
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	KELLY, PETER J	42 NAME	
STREET ADDRESS	501 E KENNEDY #1400	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: _____ 2/14/95 (813) 870-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING ON BEHALF OF CORPORATION OR DIRECTOR — Date — Daytime Telephone Number
George H. Pennington, Jr.

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