FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

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DOCU 1. Corporation	MENT # N3779	7 (0)			
MACD	ONALD TRAINING CENTER	PROPERTIES, INC.		4	
Principal Place of Business Mailing Address					
4304 BOY SCOUT BLVD. 4304 BOY SCOUT BLVD.					
TAMPA FL 33807-5730		TAMPA FL 33607-5730		3. Date Incorporated or Qualified 04/24/1990	
}				4. FEI Number	Applied For
				59-3010534	Not Applicable
2. Principal Place of Business 21		26 Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
TROCKE, MICHAEL T.			82 Street	Address (D.O. Boy Aumhor in Not Assessable)	
101 E KENNEDY BLVD				Address (P.O. Box Number is Not Acceptable)	
SUITE 2500			63		
TAMPA FL 33602			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the above-named		
office or a	registered agent, or both, in the Statem familiar with, and accept the obli	e of Florida, Such change was a gations of, Section 617,0503, Florida	authorized by the corporida Statutes.	corporation submits this statement for the purpo poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOT) ND DIRECTORS	E: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	PENNINGTON, GEORGE H J	R	12 NAME		•
STREET ADDRESS	4304 BOY SCOUT BLVD		1.3 STREET ADORESS		
CITY-ST-ZIP TITLE	TAMPA FL TD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	FLYNN, PAUL		2.2 NAME	D	C Change C Production
STREET ADDRESS	425 MONTROSE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	TD Flynn, Paul	DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	425 MONTROSE AVE		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP		_
TITLE	VCD	☐ DELETE	4.1 TITLE	D	Change Addition
NAME	KELLY, PEYER J		4, 2 NAME		
STREET ADDRESS	501 E KENNEDY #1400 TAMPA FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TOWNER IL	DELETÉ	4.4 CITY-ST-ZIP 5.1 TITLE	C	☐ Change ☒ Addition
NAME		_	5.2 NAME	Phillip A. Baumann	
STREET ADDRESS			5.3 STREET ADDRESS	4304 Boy Scout Blvd.	
CITY-ST-ZIP		Dog Par	5.4 CITY - ST - ZIP	Tampa, FL 33607	Observed Book & states
TITLE		☐ DEL ete	6.1 TITLE	T/D	Change Addition

5420 Bay Center Dr. Tampa, FL 33609 14. Thereby 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 fecilier or trustee emproyee do to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on a state threat with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

George H. Pennington, Jr. 3/9/98

(813) 87₀₋₁₃₀₀

Suite 108

FILED

Mar 16 1998 8:00am

Secretary of State