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

APPROVED AND FILED
95 MAY -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46675 (7)

1. Corporation Name
FLORIDA ASSOCIATION FOR TECHNICAL AND INDUSTRIAL EDUCATION, INC.

Principal Place of Business	Mailing Address
PINELLAS TECHNICAL EDUCATION CENTER 6100 154TH AVE N CLEARWATER FL 34620	PINELLAS TECHNICAL CENTER P.O. BOX 755 LARGO FL 34649 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3100454 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 South Fork High School	26 South Fork High School
22 Suite, Apt. #, etc. 10205 Pratt & Whitney	27 Suite, Apt. #, etc. 10205 Pratt & Whitney RD
23 City & State Stuart FL.	28 City & State Stuart FL.
24 Zip 34997 25 Country Martin	29 Zip 34997 30 Country Martin

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DITTY JERRY 301 4TH STREET S.W. 6100 154TH AVE N LARGO FL 34649	81 Name: Maxwell Tim 82 Street Address (P.O. Box Number is Not Acceptable): 10205 Pratt & Whitney RD. 83 84 City: Stuart FL 85 Zip Code: 34997

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: Tim Maxwell X [signature] X 4-11-95
(Signature, typed or printed name of registered agent and title if applicable) (Not required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	PRESIDENT ELECT ☒ Change ☐ Addition
NAME	~~EDWARDS, JOHN~~ ~~PAST PRESIDENT~~	12 NAME	Tim Maxwell
STREET ADDRESS	~~6100 154TH AVE N~~	13 STREET ADDRESS	10206 Pratt & Whitney Rd.
CITY - ST - ZIP	~~CLEARWATER FL~~	14 CITY - ST - ZIP	Stuart, FL. 34997
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DITTY, JERRY PRESIDENT	22 NAME	
STREET ADDRESS	301 4TH STREET, S.W.	23 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PARKINSON, CINDY SECRETARY/TREASURER,	32 NAME	
STREET ADDRESS	301 4TH STREET, S.W. BUSINESS MANAGER	33 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	[illegible]
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	$ Deposited by Bank CH

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)(k), 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: [signature] 2/9/95 (813) 586-6324
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0067332