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 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47281** **(3)**

1. Corporation Name
SOUTHWEST FLORIDA CULINARY LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
3406 PALM BEACH BLVD. FT. MYERS FL 33916	3406 PALM BEACH BLVD. FT. MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1992	3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0388300	☐ 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 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HEDGE, SUSAN L.
3406 PALM BEACH BLVD.
FT. MYERS FL 33916

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 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 _____
Signature, typed or printed name of registered agent, and title if agent is a corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GALVIN, DAVID W.	12 NAME	
STREET ADDRESS	4839 GLOUCESTER CT.	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FIELDS, JOHN J.	22 NAME	
STREET ADDRESS	1423 S.E. 23RD PLACE	23 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HECOMOVICH, JAMES J.	32 NAME	
STREET ADDRESS	1604 S. HERMITAGE RD.	33 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DRYGALA, RAINER	42 NAME	
STREET ADDRESS	423 S.W. 34TH ST.	43 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HEDGE, SUSAN L.	52 NAME	
STREET ADDRESS	1815 WHITECAPE CIRCLE	53 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ELIAS, JACK. J.	62 NAME	
STREET ADDRESS	1810 CORNWALLIS PKWY	63 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	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: X Sandra B. Mortham 4/28/95 813 332 9552
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0050030