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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002042 (8)

1. Corporation Name

FUTURISTIC INTELLIGENT TRAINING, INC.

Principal Place of Business

Mailing Address

RT. 1, BOX 371
BLOUNTSTOWN FL 32424

RT. 1, BOX 371
BLOUNTSTOWN FL 32424-9783

3. Date Incorporated or Qualified 04/28/1995
3a. Date of Last Report 08/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 58-3217216
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

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

BAILEY, MEY
RT. 1, BOX 371
BLOUNTSTOWN FL 32424

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS MAULDIN, NANCY R
CITY-ST-ZIP P.O. BOX 34 N/A BLOUNTSTOWN FL 32424
TITLE ☐ DELETE
NAME D
STREET ADDRESS COULTER, BRADLEY
CITY-ST-ZIP 3589 PICKETT CT. TALLAHASSEE FL 32311
TITLE ☐ DELETE
NAME D
STREET ADDRESS DEASON, R.W.
CITY-ST-ZIP 120 W. CENTRAL BLOUNTSTOWN FL 32424
TITLE ☐ DELETE
NAME D
STREET ADDRESS BROCK, MARGARET
CITY-ST-ZIP 424 BURNS AVE. BLOUNTSTOWN FL 32424
TITLE ☐ DELETE
NAME D
STREET ADDRESS GATLIN, MANUEL
CITY-ST-ZIP P.O. BOX 848 N/A BLOUNTSTOWN FL 32424
TITLE ☐ DELETE
NAME D
STREET ADDRESS SHEARD, GERALDINE
CITY-ST-ZIP 827 HUGH CREEK RD. BLOUNTSTOWN FL 32424

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 904-674-2680
Date Daytime Phone #0000017

CR2E037 (9/96)