SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jul 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700006620 (5)

A.P. LETO HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business Mailing Address 4409 SLIGH AVE. 4409 SLIGH AVE. 3. Date incorporated or Qualified TAMPA FL TAMPA FI 11/21/1997 4. FEI Number Applied For 59**-3**490834 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired P.O. BOX 15841 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUTHERFORD, JACK E JR Street Address (P.O. Box Number is Not Acceptable)
4507 Wh. tworth La 82 8403 WOODBRIDGE BLVD. 83 **TAMPA FL 33615** 84 Zip Code 33434 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 fargillar with, and accept the obligations of, section 617.0503, Florida Statutes. TANEN Q. Dude. Kuth Iven A. Gude. President

(NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE D/V Mc Dermott, Edith 10304 Bramble wood Pl. **▼** DELETE Change X Addition NAME CLARY, THOMAS E 1.2 NAME STREET ADDRESS 7320 SERENO CT. #105 1.3 STREET ADDRESS Tampa, FL 33624 TAMPA FL 33634 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE DELETE Gude, Kathy 4507 Whitworth Ln. Tampa, FL 33624 NAME **GUIDE, KATHY** 2.2 NAME 4507 WHITWORTH LN. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition Change Cascone, Mary 10938 Brightside Dr. Tampa, FL 33624 NAME DAVIS, PAMELA 3.2 NAME **6424** W. LARMON ST. STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 33634 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 51TITLE OELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: Kathlun: a. Dusle Kathleen A. Guse July 16, 1998 813-943-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delo Deytimo Phono #

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(t), 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.

6.4 CITY-ST-ZIP