


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90007 009 ****70.50

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000730

1. Corporation Name
THE ACADEMY RESEARCH & DEVELOPMENT FOUNDATION, I NC.

Principal Place of Business 3131 FLIGHTLINE DRIVE LAKELAND FL 33811	Mailing Address 3131 FLIGHTLINE DRIVE LAKELAND FL 33811
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2. Principal Place of Business 21 3131 Flightline Drive	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/06/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23 Lakeland, FL	City & State 28	5. Certificate of Status Desired 24 33811 25 Country 29 30
3. Date Incorporated or Qualified	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent AITKENHEAD, WM A 3131 FLIGHTLINE DRIVE LAKELAND FL 33811	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
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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.

04/22/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	William N. Aitkenhead
STREET ADDRESS		1.3 STREET ADDRESS	3131 Flightline Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Anne E. McSoley
STREET ADDRESS		2.3 STREET ADDRESS	3131 Flightline Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Fred C. Trepper
STREET ADDRESS		3.3 STREET ADDRESS	3131 Flightline Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **04/22/99** **(941) 648-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)