FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000027916 (4)**

1. Corporation Name
ADOPT-A-SCHOOL,INC.

Principal Place of Business	Mailing Address
P O BOX 2203 WINTER PARK FL 32790	P O BOX 2203 WINTER PARK FL 32790

3. Date Incorporated or Qualified: **04/14/1993**
3a. Date of Last Report: **06/29/1995**

2. Principal Place of Business
21 1298 MINNESOTA, AVE.
Suite, Apt. #, etc.
22 SUITE C
City & State
23 WINTER PARK, FL.
Zip 24 32789 Country 25 USA

2a. Mailing Address
26 P.O. BOX 627
Suite, Apt. #, etc.
27
City & State
28 WINTER PARK, FL.
Zip 29 32790 Country 30 USA

4. FEI Number: **59-3176691** ☐ 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

FRITH, AL
28 EAST WASHINGTON STREET
SUITE 1015
ORLANDO FL 32802

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: AL FRITH — 4-29-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	COLEMAN, JERRY V		1.2 NAME	JEAN MAUREEN FRY	
STREET ADDRESS	2352 SUN VALLEY CIRCLE		1.3 STREET ADDRESS	394 LAKEVIEW STREET	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	ORLANDO, FL. 32804	
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, GERRY T		2.2 NAME		
STREET ADDRESS	1500 SUNSET ROAD #B6		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPIN SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	COLEMAN, JAMES T.		3.2 NAME		
STREET ADDRESS	~~12000 4TH STREET NORTH #971~~		3.3 STREET ADDRESS	700 MELROSE AVE. #L-22	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~		3.4 CITY-ST-ZIP	WINTER PARK, FL. 32789	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRITH, ALFRED L		4.2 NAME		
STREET ADDRESS	28 EAST WASHINGTON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, RODERICK B.		5.2 NAME		
STREET ADDRESS	4629 36TH STREET, SUITE 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, FRANK L.		6.2 NAME		
STREET ADDRESS	6068 SOUTH APOPICA-VINELAND ROAD, SUITE 5		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L Coleman — 4-29-96 — (407) 644-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)