SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000055858 (2) PROFESSIONAL DEVELOPMENT TECHNOLOGIES, INC. Mailing Address Principa! Place of Business 1440 RIVERSIDE DR. 1440 RIVERSIDE DR. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 3a. Date of Last Report 3. Date Incorporated or Qualified 08/11/1995 07/26/1994 Applied For FEI Number APPLIED FOR 59-3353162 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt # etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has hability for intangible tax under s. 199.032, Country Country Zip Yes 🔲 No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name AMMONS, ROSE M Street Address (P.O. Box Number is Not Acceptable) 1440 RIVERSIDE DR. TARPON SPRINGS FL 34689 83 Zip Code 85 84 City 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 (NOTE: Ring stored Agent signature required when reinstating) Sognature, 1, not for printed to the old registered agent and still if applied ske ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1 1 TITLE TITLE DP AMMONS, ROSE M NAME 13 STREET ADDRESS 1440 RIVERSIDE DR. STREET ADDRESS 1.4 CITY - ST - ZIF TARPON SPRINGS FL 34689 CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE DT 22 NAME GREGORY, S J NAME 23 STREET ADDRESS 1440 RIVERSIDE DR. STREET ADDRESS 2 4 CITY - ST-ZIP TARPON SPRINGS FL 34689 Change Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE D۷ 3.2 NAME ST. CLAIR, JOHN R NAME 3.3 STREET ADDRESS 1304 HAMLIN DR. STREET ADDRESS 3 4 CITY - ST - ZIP **CLEARWATER FL 34624** Change Addition CITY-ST-ZIP DELETE 4 1 T!TLE TITLE DS 4 2 NAME ST. CLAIR, PATRICIA M NAME 4 3 STREET ADDRESS 1304 HAMLIN DR. STREET ADDRESS 44 CITY - ST-ZIP **CLEARWATER FL 34624** Change Addition CITY - ST-ZIP 5.1 TITLE TITLE Corbett, William Bul # 203 637 Pinellas BAGWay # 203 Tierra Verde, FL 33715 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY ST-ZIP Change Addition CITY - ST - ZIP DELETE 61 TiTLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

64 CiTY - ST-ZIP

starily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutos I upplemental annual report is true and accurate and that my signature shall have the same logal effect as if the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

STREET ADDRESS

14. I do hereby certify that the

that my name appears in

to moreov certify that the information supplied with this film further certify that the information indicated on this annual re-made under oath; that I am an office or director of the core-

CITY - S1 - ZIP

(36/8)

CR2E034