

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000055858 (2)

1. Corporation Name

PROFESSIONAL DEVELOPMENT TECHNOLOGIES, INC.

Principal Place of Business

1440 RIVERSIDE DR.
TARPON SPRINGS FL 34689

Mailing Address

1440 RIVERSIDE DR.
TARPON SPRINGS FL 34689-2034



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

08/14/1996

4. FEI Number

59-3353162

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

AMMONS, ROSE M
1440 RIVERSIDE DR.
TARPON SPRINGS FL 34689

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME AMMONS, ROSE M
STREET ADDRESS 1440 RIVERSIDE DR.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DT ☐ DELETE

NAME GREGORY, S J
STREET ADDRESS 1440 RIVERSIDE DR.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DV ☐ DELETE

NAME ST. CLAIR, JOHN R
STREET ADDRESS 1304 HAMLIN DR.
CITY-ST-ZIP CLEARWATER FL 34624

TITLE DS ☐ DELETE

NAME ST. CLAIR, PATRICIA M
STREET ADDRESS 1304 HAMLIN DR.
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE

NAME CORBETT, WILLIAM P.
STREET ADDRESS 637 PINELLAS BAY WAY, #203
CITY-ST-ZIP TIERRA VERDE FL

TITLE D ☐ DELETE

NAME CORBETT, MARY D.
STREET ADDRESS 637 PINELLAS BAY WAY, #203
CITY-ST-ZIP TIERRA VERDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3563 Deer Run, S.
PALM Harbor, FL 34684

3563 Deer Run, S.
PALM Harbor, FL 34684

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE 4/21/97 (813) 927 2201

CR2E034 (9/96)