FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:47

DOCUMENT # **P94000062591 (0)**

1. Corporation Name
SAGE SEMINARS, INC.

Principal Place of Business	Mailing Address
13002 SEMINOLE BLVD. LARGO FL 34648	13002 SEMINOLE BLVD. LARGO FL 34648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/22/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 59-3262302 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22: Unit 2 / 27: Unit 2
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23: / 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: / Country — 25: / Zip — 29: / Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, BRENDA 13002 SEMINOLE BLVD. LARGO FL 34648	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Unit 2 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: Brenda Williams — 2/12/95
(Signature, typed or printed name of registered agent, and title if applicable) (Date) (If changing Registered Agent, registered agent must sign above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BEIRL, BEVERLY C	12 NAME	
STREET ADDRESS	10785 DANIELLE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	MICKEY, MARCIA	22 NAME	
STREET ADDRESS	8707 BARDMOOR PLACE, #203	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☒ Change ☐ Addition
NAME	TRICE, JUDY	32 NAME	DELETE - NO LONGER AN OFFICER OR DIRECTOR
STREET ADDRESS	9081 83RD WAY NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BRENDA	42 NAME	
STREET ADDRESS	11333 VONN RD.	43 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Brenda Williams — 2/12/95 — 813 875 5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
Brenda Williams

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