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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050734 (7)

ATWATER'S HOSPITALITY ACADEMY, INC.

Principal Place of Business Mailing Address ST PETE FL 22748-6655 10TH AVE NORTH ST PETE FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1997 2. Principal Place of Business Mailing Address Applied For LO, BOX 923 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name HASTINGS, DAVID C 19941 GULF BLVD 82 Street Add 83 INDIAN SHORES FL 33785 84 502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered against of 507.0505, Florida Statutes. 11, Pursuant to office or agent. I SIGNATURE (NO1E: Registered Agent signature required when reinstating) ND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE ATWATER, ELZO NAME 1.2 NAME **665**5 10TH AVE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST PETE FL 33710 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME ATWATER, JANET 2.2 NAME 6655 10TH AVE NORTH STREET ADDRESS 2.3 STREET ADDRESS **ST PETE FL 33710** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Channe Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY-ST-ZIP TITLE DELETE Change 6.1 THILE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of 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 pin in attachment with an address.

6.4 CITY-ST-ZIP

CIONIATURE.

CITY-ST-ZIP

(213) 433-220h

FILED

Mar 27 1998 8:00am

Secretary of State