

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 # **V02996** (9)

1. Corporation Name

THE DANCE ACADEMY, INC.



Principal Place of Business

**2632 LAND O LAKES BLVD
LAND O LAKES FL 34639
US**

Mailing Address

**2632 LAND O LAKES BLVD
LAND O LAKES FL 34639
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NUMMY, SUSAN
15020 MEADOW LAKE ST.
ODESSA FL 33556**

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
01/26/1995

4. FEI Number **59-3316508**
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

81 Name

SUSAN Nummy

82

Street Address (P.O. Box Number is Not Acceptable)

11517 Galleria Dr

83

84

City **Tampa**

FL

85 Zip Code

33624

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

Susan Nummy
Signature, typed or printed name of registered agent and two acceptable

SUSAN NUMMY President

(NOTE: Registered Agent Signature required when reinstating)

4/23/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **NUMMY, SUSAN**
STREET ADDRESS **15020 MEADOW LAKE ST.**
CITY - ST - ZIP **ODESSA FL**

TITLE **STD** ☒ DELETE

NAME **NUMMY, PATRICK E.**
STREET ADDRESS **15020 MEADOW LAKE ST.**
CITY - ST - ZIP **ODESSA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

11517 Galleria Dr

TAMPA FL 33624

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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: *Susan Nummy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN NUMMY

4/23/96
Date

264-7209
Daytime Phone #

CR2E034 (12/95)