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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V54359

(7)

AC&R TRAINING INSTITUTE, INCORPORATED

Principal Place of Business Mailing Address				·		a south where are a first and any and a south	Markat dadas dibat dibat dibat d	
6937 41ST TER St. Petersbui			6837 41ST TERRACE NORTH ST. PETERSBURG FL 33709-4617					
						3. Date incorporated or Qualified 07/31/1992	3a. Date of Last Re 03/29/1996	port
2. Principal Pl	lace of Business	2a. Mailing Ac	Idress			4. FEI Number	Ap	plied For
21		26			····	59-3133628		Applicable
Suite, Apt 22		Suite, Apt.				5. Certificate of Status Desired	S8.75 A	
City & State	e	City & Stat	.e			6. Election Campaign Financing	\$5.00	
<b>23</b> Zip	Country	<b>28</b>		Country		Trust Fund Contribution	Added to	
24	25	29	3	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Re		······································
KILL	INGER, LADONNA			81	Name		<del></del>	
	41ST TERRACE NORTH		82 Street A		Street Add	ress (P.O. Box Number is Not Acceptab	la)	
ST. I	PETERSBURG FL 33709			83	Direct Addi	1939 (1. O. DON HUHBUR IS HOT ACCOPIAN	· · · · · · · · · · · · · · · · · · ·	
				<u></u>				
				84	City		FL 85 Zip C	Code
11. Pursuant I office or re agent I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607,1508, Flo te of Florida. Such ch gations of, Section 60	orida Statutes ange was aut 07.0505, Florid	, the above thorized by da Statute	e-named corp the corporat	poration submits this statement for the pition's board of directors. I hereby acception's		registered registered
CICNIATIADE								
01010110112	Signalare, typical or printed name of registered a		(NOTE: F		ent signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS		13.	······	ADDITIONS/CHANGES TO OFFIC	The second secon	
TITLE	PSD Killinger, Jerry	Ll	DELETE	1.1 TITLE			L Change	Addition
NAME	6937 41ST TERRACE NORTH	1		1.2 NAME				
STREET ADDRESS	ST. PETERSBURG FL			1.3 STREET		•	:	
CITY-ST-ZIP TITLE	VID		DELETE	1.4 CITY-S 2.1 TITLE	1-214		Change	Addition
NAME	KILLINGER, LADONNA	haved	Detere	2.2 NAME			Line Soldings	La riganion
STREET ADDRESS	6937 41ST TERRACE NORTH	l		2.3 STREET	ADDRESS		•	
CHY-ST-ZIP	ST. PETERSBURG FL		,	2.4 CITY-				
TITLE			DELETE	3.1 TITLE	-	***************************************	☐ Change	Addition
NAME				3.2 NAME				
STREET ADORESS				3.3 STREET	ADDRESS			
CITY+ST-ZIP				3.4. C(TY-	ST-ZIP			
TITLE	A STATE OF THE STA		DELETE	4.1 TIFLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME.				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP			DELETE	5.4 CITY-S	T-ZIP			in Propies
TITLE		L	DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADORESS				6.3 STREET				
C(TY - ST - ZIP				6.4 CITY - 9	T- ZIP			

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:

THE AND TYPED OF PRINTED NAME OF BIONING OFFICERS OF DIRECTOR

2-9-97

Daytime Phone #

**FILED** 

Feb 13 1997 8:00am

Secretary of State

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