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22295-18-1494

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:22

DOCUMENT # 714480 (1)

1. Corporation Name
MADISON COUNTY INDEPENDENT SCHOOLS, INC.

Principal Place of Business Mailing Address
U. S. HIGHWAY 90 WEST BOX 690 MADISON FL 32340-0690

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 04/22/1968 | 3a. Date of Last Report 02/17/1994 |
| 4. FEI Number 59-1218101 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| Zip | Country |
| 29 | 30 |

9. Name and Address of Current Registered Agent
ROWE, CAROLYN M.
US HIGHWAY 90 WEST
MADISON FL 32340

| |
|---|
| 10. Name and Address of New Registered Agent |
| 01 Name |
| 02 Street Address (P.O. Box Number is Not Acceptable) |
| 03 |
| 04 City |
| FL |
| 05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------|
| TITLE | P |
| NAME | LEWIS, JOHN |
| STREET ADDRESS | 404 N. RANGE STREET |
| CITY-ST-ZIP | MADISON FL |
| TITLE | V |
| NAME | LEE, NORRIS L |
| STREET ADDRESS | P.O. BOX 509 N/A |
| CITY-ST-ZIP | MADISON FL |
| TITLE | S |
| NAME | PUTNAL, KEL |
| STREET ADDRESS | RT 1 BOX 845 N/A |
| CITY-ST-ZIP | LEE FL 32059 |
| TITLE | T |
| NAME | WILLIAMS, MIKE |
| STREET ADDRESS | RT 1 BOX 1880 N/A |
| CITY-ST-ZIP | MADISON FL 1330 |
| TITLE | D |
| NAME | WILLIAMS, MIKE |
| STREET ADDRESS | RT. 1, BOX 1880 N/A |
| CITY-ST-ZIP | MADISON FL |
| TITLE | D |
| NAME | CHAMBLIN, JAN |
| STREET ADDRESS | RT 2 BOX 348N/A |
| CITY-ST-ZIP | MADISON FL 32340 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-------------------|---|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | NORRIS, LEE | |
| 1.3 STREET ADDRESS | P O BOX 509 N/A | |
| 1.4 CITY-ST-ZIP | MADISON FL 32341 | |
| 2.1 TITLE | V/D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SCHNITKER, CLAY | |
| 2.3 STREET ADDRESS | RT 2 BOX 1319 N/A | |
| 2.4 CITY-ST-ZIP | MADISON FL 32340 | |
| 3.1 TITLE | S/D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | PUTNAL, KEL | |
| 3.3 STREET ADDRESS | RT 1 BOX 845 N/A | |
| 3.4 CITY-ST-ZIP | LEE FL 32059 | |
| 4.1 TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | CHAMBLIN, JAN | |
| 4.3 STREET ADDRESS | RT 2 BOX 348 N/A | |
| 4.4 CITY-ST-ZIP | MADISON FL 32340 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | GIBSON, DALE | |
| 5.3 STREET ADDRESS | RT 2 BOX 215 N/A | |
| 5.4 CITY-ST-ZIP | MADISON FL 32340 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | JAMES, EDWIN | |
| 6.3 STREET ADDRESS | 512 N. RANGE | |
| 6.4 CITY-ST-ZIP | MADISON FL 32340 | |

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Lee Lewis 1-31-95 904-973-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR