

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 20 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001858 (7)**

1. Corporation Name
EDUTEK EDUCATION SOLUTIONS, INC.

Principal Place of Business Mailing Address
1731 N.W. 6TH ST. 1731 N.W. 6TH ST.
GAINESVILLE FL 32609 GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/07/1994

4. FEI Number Applied For
62-1558718 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1831 N.W. 13th St** 26 **P.O. Box 5186**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
Ste. 8

23 City & State 28 City & State
Gainesville, Fl. **Gainesville Fl.**

24 Zip 25 Country 29 Zip 30 Country
32609 **USA** **32602** **USA**

9. Name and Address of Current Registered Agent
SLAUGHTER, HARRY O
1731 N.W. SIXTH STREET
#8
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SLAUGHTER, HARRY O**
STREET ADDRESS **1731 N.W. 6TH ST. 1831 N.W. 13th ST.**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **Slaughter, Philip**
NAME **1831 N.W. 13th St.**
STREET ADDRESS **Gainesville, Fl. 32609**
CITY-ST-ZIP

TITLE **Slaughter, Lynne B.**
NAME **1831 N.W. 13th St.**
STREET ADDRESS **Gainesville, Fl. 32609**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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 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 authorized to execute the 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: **Lynne B. Slaughter** **Lynne B. Slaughter** 4/18/95 -904-371-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR DATE