FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 12 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000002161 (6)**

1. Corporation Name
INTERACTIVE LEARNING SYSTEMS, INC.

Principal Place of Business
RT. 4 BOX 4167
MONTICELLO FL 32344

Mailing Address
P.O. BOX 919
MONTICELLO FL 32345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 Public School Consult/Computers
22 Suite, Apt. #, etc: P.O. Box 919
23 City & State: Monticello
24 Zip: 32345 25 Country: Jefferson

2a. Mailing Address
26 P.O. Box 919
27 Suite, Apt. #, etc: —
28 City & State: Monticello
29 Zip: 32345 30 Country: Jefferson

4. FEI Number: 59-3167697 ☐ 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

9. Name and Address of Current Registered Agent
GREEN, RONNY
RT. 4 BOX 4167
MONTICELLO FL 32344

10. Name and Address of New Registered Agent
81 Name: Same —
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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: [signature] (Ronny Green) 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must be required when transmitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D President, Tres.	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, RONNY	1.2 NAME	
STREET ADDRESS	RT. 4 BOX 4167	1.3 STREET ADDRESS	
CITY, ST, ZIP	MONTICELLO FL 32344	1.4 CITY, ST, ZIP	
TITLE	Sec. VP	2.1 TITLE	☐ Change ☒ Addition
NAME	Green, Delores	2.2 NAME	
STREET ADDRESS	Rt 4 Box 4167	2.3 STREET ADDRESS	
CITY, ST, ZIP	Monticello, FL 32344	2.4 CITY, ST, ZIP	
TITLE	Bd member	3.1 TITLE	☐ Change ☒ Addition
NAME	Kathy Snyder	3.2 NAME	
STREET ADDRESS	Rt 3 Box 567-B	3.3 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, FL 32308	3.4 CITY, ST, ZIP	
TITLE	Bd member	4.1 TITLE	☐ Change ☒ Addition
NAME	William Snyder	4.2 NAME	
STREET ADDRESS	Rt 3 Box 567-B	4.3 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, FL 32308	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	David W. Green
STREET ADDRESS		5.3 STREET ADDRESS	116 Coral Ave
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Tavernier, FL 33070 Dup —
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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: [signature] (Ronny Green) 4-10-95 (904) 997-4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0409901 FP