

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 020 ***150.00

DOCUMENT # P96000062489

1. Corporation Name

EDUCATIONAL VENTURES, INC.

Principal Place of Business

250 BRENT LANE
PENSACOLA FL 32503

Mailing Address

250 BRENT LANE
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

59-3391234

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 BOX 19100

23 City & State

27 City & State
28 PENSACOLA FLORIDA

24 Zip Country

29 Zip Country

32523-9100

30 US

9. Name and Address of Current Registered Agent

HORTON, ARLIN R
250 BRENT LANE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HORTON, ARLIN R
STREET ADDRESS 250 BRENT LANE
CITY-ST-ZIP PENSACOLA FL 32503

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HORTON, REBEKAH
STREET ADDRESS 250 BRENT LANE
CITY-ST-ZIP PENSACOLA FL 32503

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME RICE, BILL III
STREET ADDRESS 627 BILL RICE RANCH RD
CITY-ST-ZIP MURFREESBORO TN 37129

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MUTSCH, GREG
STREET ADDRESS 2703 WOOD BREEZE
CITY-ST-ZIP CANTONMENT FL 32533

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MULLENIX, JOEL
STREET ADDRESS 3236 WINDMILL CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CHAPPELL, ROBERT
STREET ADDRESS 219 ST CEDD
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE ☐ Change ☐ Addition

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARLIN R. HORTON

(850) 478-8480

Date

Daytime Phone #

CR2E034 (1/98)