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

**PROFIT** CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085106 (0)

SEGMENTS OF KNOWLEDGE, INC.

Principal Place of Business	Mailing Address	<del></del>
424 N CALHOUN ST TALLAHASSEE FL 32301	424 n Calhoun St Tallahassee FL 32301	
2. Principal Place of Business	2a. Mailing Address	

Suite, Apt. #, etc.

**FILED** Feb 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 11/22/1994

59-3298849

5. Certificate of Status Desired

4. FEI Number

City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 7/ιρ 25 29 30			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Regis	tered A	gent		
FK	3G, JR., EUGENE C PE			81	Name				_	
424 N CALHOUN ST				82	Street Add					
TALLAHASSEE FL 32301				000.7100	tress (P.O. Box Number is Not Acceptable)					
				83					_	
				84	84 City 85				Zip Code	
					J,		FL		_,p	,
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such cha	ange was auti	norized by	the corpora	poration submits this statement for the purpation's board of directors. I hereby accept the	ose of ne appo	changi pintmen	ng its t as re	registered egistered
SIGNATURE										
12.	Signature typed or printed harne of registered	ADD DIRECTORS	(NOTE R	egistered Age	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE	DIDEC	TOBE	IN 12
TITLE	PO		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	SAND	☐ Char		Addition
NAME	FIGG, EUGENE JR P E		0	1.2 NAME	}				,g.	
STREET ADDRESS	424 N CALHOUN ST			1.3 STREET	ADDDECC					
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-5	1					
TITLE			DELETE	2.1 TITLE	11-2#			Char	10e	Addition
NAME				2.2 NAME						_
STREET ADDRESS				2.3 STREET	ADDRESS					
CITY - ST - ZIP				2. 4 GITY -						
TITLE			DELETE	3.1 TITLE				Char	nge	Addition
NAME				3.2 NAME		•				
STREET ADORESS				3 3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					
TITLE			DELE TE	4.1 TITLE				Char	igė .	☐ 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	]			Chai	าตูย	Addition
NAME				5.2 NAME	İ					
STREET ADDRESS				5 3 STREET	ADDRESS					
CITY - ST - ZIP				5.4 CITY - 9	ST-ZIP					1-12
TITLE		LI	DELETE	6.1 TITLE	1			Cha	nge	Addition
NAME				6.2 NAME						
STREET ADDRESS				63 STREET	ADDRESS					

SIGNATURE:

224-7400