

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  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90026 004 \*\*\*150.00

DOCUMENT # 330980

1. Corporation Name

SOUTHERN COLLEGE, INC.

Principal Place of Business

5600 LAKE UNDERHILL ROAD  
ORLANDO FL 32807-8647

Mailing Address

233 ACADEMY DRIVE  
P O BOX 421768  
KISSIMMEE FL 34742-1768  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1968

4. FEI Number

59-1212281

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

9. Name and Address of Current Registered Agent

PEOPLES, DAVID L.  
233 ACADEMY DRIVE  
KISSIMMEE FL 34744-5669

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD  
NAME PEOPLES, DAVID L.  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE AS  
NAME PEOPLES, PAUL T  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPTS  
NAME PEOPLES, D KEITH  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS  
NAME PEOPLES, ANNE W.  
STREET ADDRESS 233 ACADEMY DRIVE  
CITY-ST-ZIP KISSIMMEE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

DAVID L. PEOPLES 4/20/99 (407) 847-4444

CR2E034 (11/98)