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 MAY -1 AM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 368629 (2)

1. Corporation Name
NICHOLSON SCHOOLS OF AMERICA, INC.

500001498315
-05/24/95--01064--015
*****25.00 *****25.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4090 RIVERVIEW BLVD., W BRADENTON FL 34209-2008	4090 RIVERVIEW BLVD., W BRADENTON FL 34209-2008

3. Date Incorporated or Qualified: 08/19/1970
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1302460 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NICHOLSON,SCOTT A 4090 RIVERVIEW BLVD W BRADENTON FL 34209	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 500000149831 5 -05/24/95--01064--016 *****200.00 *****200.00 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	11 TITLE	V	☐ Change ☑ Addition
NAME	NICHOLSON, SCOTT	12 NAME	HOLLI MOORE	
STREET ADDRESS	4090 RIVERVIEW W	13 STREET ADDRESS	4311 N. ASHLAWN	
CITY-ST-ZIP	BRADENTON,FL 00000	14 CITY-ST-ZIP	RICHMOND, VA. 23221	
TITLE	V	21 TITLE	V	☐ Change ☑ Addition
NAME	SIMONE,JOHN	22 NAME	SUMNER K. MOORE	
STREET ADDRESS	3500 EL CONQUISTADOR	23 STREET ADDRESS	4311 N. ASHLAWN	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	RICHMOND, VA. 23221	
TITLE		31 TITLE	V	☑ Change ☐ Addition
NAME		32 NAME	SIMONE, JOHN	
STREET ADDRESS		33 STREET ADDRESS	3500 EL CONQUISTADOR	REMOVE
CITY-ST-ZIP		34 CITY-ST-ZIP	BRADENTON, FL.	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		CH

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)(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.

SIGNATURE: Scott Nicholson PRES. 4-11-95 (813)748-5232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0037048 CP