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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:18

DOCUMENT # 459015

(4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

SOUTHEASTERN ACADEMY, INC.

Principal Place of Business

Mailing Address

**233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-8768**

**233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-8768**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1974

3a. Date of Last Report

04/29/1994

4. FEI Number

23-1935910

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 of Agent or Director (if registered agent, print name and address of corporation)

Signature

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PSD
PEOPLES, DAVID L.
233 ACADEMY DRIVE
KISSIMMEE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**AS
PEOPLES, PAUL T
233 ACADEMY DRIVE
KISSIMMEE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**T
WHITMAN, MYRON F
233 ACADEMY DR
KISSIMMEE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**AS
PEOPLES, ANNE W.
233 ACADEMY DRIVE
KISSIMMEE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 199.03(9), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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:

David L. Peoples **DAVID L. PEOPLES**

APR 12, 1995

**(407)
847-4444**