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

95 MAR 20 [illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **493390** **(9)**

1. Corporation Name
BAY AREA ACADEMY OF BUSINESS, INC.

Principal Place of Business	Mailing Address
3924 COCONUT PALM DRIVE TAMPA FL 33619 US	1 HANCOCK PL STE 1408 GULFPORT MS 39507-4508 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1975
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-1639915 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, GERALD C.	12 NAME	900001436219
STREET ADDRESS	ONE HANCOCK PLZA, #1408	13 STREET ADDRESS	-03/22/95--01044--006
CITY-ST-ZIP	GULFPORT MS	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S/T/V	21 TITLE	Alton C. Phillips ☐ Change ☐ Addition
NAME	~~MURRAY, ALAN L.~~	22 NAME	
STREET ADDRESS	ONE HANCOCK PLZ	23 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	24 CITY-ST-ZIP	
TITLE	A/T	31 TITLE	☐ Change ☐ Addition
NAME	PAQUIN, MARILYN J.	32 NAME	
STREET ADDRESS	ONE HANCOCK PLZ	33 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	34 CITY-ST-ZIP	
TITLE	~~VST~~	41 TITLE	Assistant Secretary ☒ Change ☐ Addition
NAME	~~PHILLIPS, ARY~~	42 NAME	C. Ronald Kimberling
STREET ADDRESS	ONE HANCOCK PLZ	43 STREET ADDRESS	C. Ke
CITY-ST-ZIP	GULFPORT MS	44 CITY-ST-ZIP	
TITLE	A/S	51 TITLE	☐ Change ☐ Addition
NAME	ADDISON, EDWARD J.	52 NAME	
STREET ADDRESS	ONE HANCOCK PLAZA	53 STREET ADDRESS	3-20-95 MST
CITY-ST-ZIP	GULFPORT MS	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: C. Ronald Kimberling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95 Date

6018646576 Daytime Phone #