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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 505562 (9)

1. Corporation Name

ACADEMY HOUSING, INC.

Principal Place of Business

233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-8768
-1768

Mailing Address

233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-8768
-1748



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEOPLES, DAVID L
233 ACADEMY DRIVE
KISSIMMEE, FLORIDA
34744-5689

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 607.1504, 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 the corporation

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE AS ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE PSD ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME PEOPLES, DAVID L
STREET ADDRESS 233 ACADEMY DRIVE
CITY-STATE-ZIP KISSIMMEE, FLORIDA 00000

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ~~WHITMAN, MYRON E~~ ☒ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME ~~WHITMAN, MYRON E~~
STREET ADDRESS ~~233 ACADEMY DRIVE~~
CITY-STATE-ZIP ~~KISSIMMEE FL~~

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE AS ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 the 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Peoples

4/11/96

407 847-4444

Daytime Phone #

CR2E034 (12/95)