## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 649500 (6)

1. Corporation Name

SOUTHERN EDUCATIONAL SERVICES, INC.

FILED
Jun 17 1997 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address			
580 W.	8TH STREET	580 W. 8TH	STREET		
	NVILLE FL 32209	JACKSONVILL		209	
				3. Date Incorporated or Qualified 3a. Date of Last Report	
				12/27/1979 04/19/96	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		59-1958452 Not Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.		60 75	
22		27		5. Certificate of Status Desired Fee Required	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,	
24	25		30	Florida Statutes Yes No	
<del></del>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
HARR	RISON, PHILLIP R.		81 Name Ma	rcus E. Drewa	
580	WEST 8TH STREET		82 Sirge	et Address (P.O. Box Number is Not Acceptable)  West Eighth Street	
JACK	SONVILLE FL 3220	West Eighth Street			
			83		
			84 City	<b>■■ 85</b> Zip Code	
			Ja	cksonville <b>FL</b> 32209	
11. Pursuant	to the provisione of Sections 607.0502	and 607.1508, Florida Statute:	s, the above-name	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
agent. La	m familiar with and accept the obligat	tion, of Section 607.0505, Flor	ida Statutes	orporation's doubt or directions. Thereby decept the appointment as registered	
SIGNATURE		Mun		6-12-97	
	Signature, typed or printed frame of registered agen			ure required when revistating) DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change	
TITLE	WY	==	1.1 TITLE	[D]D	
NAME	HARRISON, PHILLI	PK	1.2 NAME	JOHN D. CHEATWOOD	
STREET ADDRESS	580 W. 8TH ST.		13 STREET ADDRESS	s 3006 ALHAMBRA DRIVE, SOUTH JACKSONVILLE FL 32209	
CITY-ST-ZIP	JACKSONVILLE FL	X) DELETE	14 CITY - ST - ZIP		
TITLE	AST		2 1 TITLE 2 2 NAME	Change Addition	
NAME	JORDAN, ROBERT E.				
STREET ADDRESS	JACKSONVILLE FL		2 3 STREET ADDRESS	S	
CITY - ST - ZIP	, <del></del>	DELETE	2. 4 CITY - \$1 - ZIP	Change Addition	
TITLE	TD	☐ DETERE	3.1 TITLE 3.2 NAME *	L Change L Addition	
NAME	MOTES, HENRY G 937 N. MAIN STRE	12 <b>m</b>	· I		
STREET ADDRESS	JAX, FL 32202	F.T.	3.3 STREET AUDRESS	5	
CITY-ST-ZIP TITLE	PCD PCD	DELETE	3 4. CITY - ST - ZIP 4 1 TITLE	Change Addition	
NAME	HATCH, MONROE C.	FT pritit	4 2 NAME	C Summing C Application	
1	3120 HENDRICKS A	VE.	4 3 STREET ADDRESS	c	
STREET ADDRESS	JAX, FL 32207			9	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Chage Daddition	
		Otttie	5.2 NAME	17/12/	
NAME OVEREZ ADOREGO				(hh//1/6)	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Addition	
		בן אוווינ	6.2 NAM(	·	
NAME CONSET ADDRESS				700002214937 s -06/17/9701077021	
STREET ADDRESS			63 STREET ADDRESS	***173,75	
14. Ldo hereb	by certify that the information supplied	with this filing does not qualify	for the exemption	コード カマを上下の。「の n stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	
informatio	on indicated on this annual repert or su	ipplemental annual report is tru	e and accurate an	nd that my signature shall have the same logal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name	
i am an ol appears i	ri Block 12 or Block 13 if changed, or	on an attachment with an addr	rea la execute (HS ess.	в горол, ав тецинео ру опарнег вот, попов Statutes; and that my hame	

4/28/97

904-798-8200