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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #**1. Corporation Name

NAME

654466

(2)

**EDUCATION UNLIMITED, INCORPORATED** 

21 26 59-2003713 Not.  Suite, Apt #, etc.  Suite, Apt #, etc.  22 27 5. Certificate of Status Desired Fee Requestry  City & State 6. Election Campaign Financing Financing Frust Fund Contribution Added to Fee Requestry  Added to Fee Requestry  Zip Country Zip Country 8. This corporation owes or has paid the current year Inter Personal Property Tax due June 30. Yes Personal Property Tax due June 30. Yes Country Personal Property Tax due June 30.	ay Be Fees gible
PLANT CITY FL 33566-8622  PLANT CITY FL 33566-8622  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/01/1980  4. FEI Number	Applicable ditional ulred ay Be Fees gible
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/01/1980  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  59-2003713  Not A  Suite, Apt #, etc.  Suite, Apt #, etc.  5. Certificate of Status Desired  Fee Requ  City & State  City & State  City & State  28  Country  Zip  Name and Address of New Registered Agent  OVERSTREET, BONNIE	Applicable ditional ulred ay Be Fees gible
2. Principal Place of Business  2. Adaling Address  2. Principal Place of Business  2. April #, etc.  2. Suite, Apt #, etc.  2. Suite, Apt #, etc.  2. City & State  2. City & State  2. Country  2. Description of Status Desired  3. Certificate of Status Desired  4. FEI Number  5. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  7. Trust Fund Contribution  7. Added to  8. This corporation owes or has paid the current year Inter  Personal Property Tax due June 30. Yes  9. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent	Applicable ditional ulred ay Be Fees gible
2. Principal Place of Business	Applicable ditional ulred ay Be Fees gible
21 26 59-2003713 Not A Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City & State  City & State  Country  Zip  Name and Address of New Registered Agent  OVERSTREET, BONNIE  Name	Applicable ditional ulred ay Be Fees gible
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  City & State  Country  Zip  Name and Address of New Registered Agent  OVERSTREET, BONNIE  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Requ  Fee Requ  Country  Added to  Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Agent	ditional ulred ay Be Fees gible
22   27   5. Certificate of Status Desired   Fee Requestry	ay Be Fees gible
City & State   City & Country   Co	ay Be Fees gible
28 Trust Fund Contribution Added to  Zip Country Zip Country  29 30 Personal Property Tax due June 30. Yes   9. Name and Address of Current Registered Agent  OVERSTREET, BONNIE  8. This corporation owes or has paid the current year Inter Personal Property Tax due June 30. Yes   10. Name and Address of New Registered Agent	Fees gible
Zip Country Zip Country 8. This corporation owes or has paid the current year Intar 24 25 29 30 Personal Property Tax due June 30. Yes   9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  OVERSTREET, BONNIE	gible
24 25 29 30 Personal Property Tax due June 30. Yes   9. Name and Address of Current Registered Agent  OVERSTREET, BONNIE  81 Name	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  OVERSTREET, BONNIE 81 Name	<u>No</u>
OVERSTREET, BONNIE B1 Name	
OVERSTREET, BURINE	
4405 CORONET RD. PLANT CITY FL 33566  82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City 85 Zip Co	de
FL	
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 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 re	egistered gistered
agent. Lami familiar with, and accopt the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typical or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  Output  DATE	
Signature, typoid or priviled 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
THLE PVST DELETE 1.1 THLE	Addition
NAME OVERSTREET, BONNIE 12 NAME	
STREET ADDRESS 4405 CORONET ROAD 1.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL 14 CITY-ST-ZIP	
	Addition
NAME 22 NAME	radamon
STREET AUDRESS 23 STREET ADDRESS	
	Addition
NAME 32 NAME	AUGMON
STREET ADDRESS  3.3 STREET ADDRESS	
CITY-S1-ZIP 3.4. CITY-S1-ZIP	
	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	-Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TILE DELETE 6.1 TILE Change	Addition

62 NAME 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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 attachagent with an address.

**FILED** 

Apr 20 1998 8:00am

Secretary of State