## K MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F97000004623 (1)

ACADEMY CORP.

Principal Place of Business

Mailing Address

## **FILED** May 13 1998 8:00am Secretary of State



KATY TX 77449			TRUU NORTH MASON HUAD KATY TX 77449				
THE TOTAL PROPERTY OF THE PARTY		BOLL TO CLAMP		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
9 Principal P	Place of Business	2a Mailwa Address	····		09/03/1997		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
Sulte. Apt. #. etc.		Suito Ant # ata	Suite, Apt. #, etc.		74-1670067	Not Applicable	
22		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zιμ	Country		This corporation owes or has paid the cur		
24	25   29   3 9, Name and Address of Current Registered Agent		30	<u> </u>			
C T CORPORATION SYSTEM 81 Nam					10. Name and Address of New Registered Agent		
1200 <b>SO</b> UTH PINE ISLAND ROAD			"				
PLANTATION FL 33324			82 Street Addr		Address (P.O. Box Number is Not Acceptable)		
70	NIMION FL 33324		83				
			~	<u>'</u>			
			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.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PCD	DELETE	1.1 TITLE		D	☐ Change ☑ Addition	
NAME	<b>GO</b> CHMAN, DAVID		1.2 NAME		Drew Alexander		
STREET ADDRESS	1800 NORTH MASON ROAD	)	1.3 STREE	T ADDRESS	2600 Citadel Plaza Dr.		
CITY-ST-ZIP	KATY TX		1.4 CITY-		Houston, IX 77009		
TITLE	VO	DELETE	21 THLE		D	Change Addition	
NAME	PIERCE, JAMES		2.2 NAME		Bob Zincka	- · X	
STREET ADDRESS	1800 NORTH MASON ROAD	)	2 3 STAEE	T ADDRESS	16770 Imparial Valley Dr.	1	
CITY-ST-ZIP	Katy TX		2. 4 CiTY-	ST - ZIP	Houston, TX 77060		
TITLE	8	DELETE	3.1 TITLE		V	Change Addition	
NAME	BARRERA, SYLVIA		3.2 NAME		'	X	
STREET ADDRESS	1800 NORTH MASON ROAD	)	3.3 STREE	T ADDRESS	Mirta Rubilcava		
CITY-ST-ZIP	KATY TX		3.4. CITY-	ST-ZIP	1800 North Mason Road		
TITLE	D	☐ DELETE	4.1 TITLE		Katy, TX 77449=2826	Change Addition	
NAME	GOCHMAN, ARTHUR		4. 2 NAME			İ	
STREET ADDRESS	1800 NORTH MASON ROAD		4.3 STREE	RESPONDA 1			
CITY-ST-ZIP	KATY TX		4.4 CITY-1	ST - ZIP			
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME	POWELL, AL		5.2 NAME				
STREET ADDRESS	1800 NORTH MASON ROAD		5.3 STREET	ADDRESS		į	
CITY-ST-ZIP	KATY TX		5.4 CITY-5	ST - ZIP	<u></u>		
TITLE	D	☐ DEL <b>e</b> te	6.1 TITLE			Change Addition	
NAME	JANIK, LORETTA		6.2 NAME				
STREET ADDRESS	1800 NORTH MASON ROAD		6.3 STREET	ADDRESS			
CITY-ST-ZIP	KATY TX		6.4 CITY-5	T-ZIP	·		

14. I hereby 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 eath; 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 advises.