

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J17198 (9)

1. Corporation Name

**BARBARA KING'S CENTRE FOR EDUCATIONAL SERVICES,
INC.**

Principal Place of Business

Mailing Address

% GENE KING
15623 GARDENSIDE LANE
TAMPA FL 33624

% GENE KING
15623 GARDENSIDE LANE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

06/03/1986

04/27/1994

4. FEI Number

59-2675345

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

9. This corporation has liability for intangible tax under S. 190.022,
Florida Statutes Yes No

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

**KING, GENE
15623 GARDENSIDE LANE
TAMPA FL 33624**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KING, BARBARA
STREET ADDRESS 15623 GARDENSIDE LANE
CITY - ST - ZIP TAMPA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D
NAME KING, ALAN
STREET ADDRESS 15623 GARDENSIDE LANE
CITY - ST - ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME KING, ALAN
2.3 STREET ADDRESS 18808 PLACE DE ANTIBES
2.4 CITY - ST - ZIP LUTZ, FL 33549

TITLE D
NAME KING, GENE
STREET ADDRESS 15623 GARDENSIDE LANE
CITY - ST - ZIP TAMPA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME RIVAS, VICKI
STREET ADDRESS 15722 WOODSHED PLACE
CITY - ST - ZIP TAMPA FL

4.1 TITLE Change Addition
4.2 NAME D RIVAS, VICKI
4.3 STREET ADDRESS 14184 PENNSBURY DR
4.4 CITY - ST - ZIP TAMPA, FL

TITLE D
NAME KING, BRUCE
STREET ADDRESS 849 INDIAN LAKE DRIVE
CITY - ST - ZIP ATLANTA GA

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Barbara King* **BARBARA King** 4-26-95 813-8745918
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR