

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L48587** (4)

1. Corporation Name

ACADEMY SOFTWARE, INC.



Principal Place of Business

Mailing Address

**4139 DAVENTRY LANE
805-75TH AVE.
PALM HARBOR FL 34685-1127
US**

**4139 DAVENTRY LANE
PALM HARBOR FL 34685-1127
US**

3. Date Incorporated or Qualified

02/08/1990

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 860-D GLENMORE CT

26 860-D GLENMORE CT

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

23 PALM HARBOR FL

City & State

28 PALM HARBOR FL

Zip

Country

24 34684

25 US

Zip

Country

29 34684

30 US

9. Name and Address of Current Registered Agent

**BROIDA & NAPIER, P.A.
805-75TH AVE.
ST. PETERSBURG BCH FL 33706**

10. Name and Address of New Registered Agent

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 1506, 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 3505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and office, if applicable.

(If DPE, Registered Agent's signature required when re-appointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MACDOUGALL, JAMES M.
STREET ADDRESS 3283 WESTCOTT DR.
CITY-ST-ZIP PALM HARBOR FL 34684

☐ DELETE

TITLE DVP
NAME STEVENS, EDWARD I.
STREET ADDRESS 4139 DAVENTRY LANE
CITY-ST-ZIP PALM HARBOR FL 34685-1127

☐ DELETE

TITLE DT
NAME STEVENS, SUSAN
STREET ADDRESS 4139 DAVENTRY LANE
CITY-ST-ZIP PALM HARBOR FL 34685-1127

☐ DELETE

TITLE DS
NAME HANES, ROSEMARY L.
STREET ADDRESS 3283 WESTCOTT DR.
CITY-ST-ZIP PALM HARBOR FL 34684

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

**15501 EASTBOURN DR
ODESSA FL 33556**

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

**15501 EASTBOURN DR
ODESSA FL 33556**

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96 (813) 786-3439

CR2E034 (3/96)