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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000001289**

1. Corporation Name

EDUCATIONAL INCENTIVE PROGRAM INCORPORATED

01-07-99

351346 - 90074 - 22

Principal Place of Business	Mailing Address
1500 W. HIGHLAND ST..LOT 237 LAKELAND FL 33815	1500 W. HIGHLAND ST..LOT 237 LAKELAND FL 33815

POSTED BY DATE 04-12-99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 Post Office Box 92895	03/04/1998
Suite, Apt. #, etc. 22	27 UBS Executive Mailing Address in Florida	4. FEI Number 31-1611824 ☐ Applied For ☐ Not Applicable
City & State 31-1611824 23	City & 28 Lakeland, Florida 33804 2895	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 33804 2895 / Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACKSON, ELIJAH JR 1500 W. HIGHLAND ST.,LOT 237 LAKELAND FL 33815	81 Name: ELijah JAckson 82 Street Address (P.O. Box Number is Not Acceptable) 83 1500 West HIghland STreet, #237 84 City: Lakeland FL 85 Zip Code: 33815

PAID CK NO DATE 03-03-99

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] DATE 03-02-99

Signature, typed or printed 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Acting Chairman, Chief Executive Officer, O and D; ITs President ELIJAH JACKSON 1500 West Highland Street, ~~Lot 237~~ LakeLAND, FLorida 33814 (All Other OWNership and Authority)	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition Vice President(VP) AND O AND D DELSIA RENEE JACKSON 1500 West Highland Street, #237 ~~Lakeland, Florida 33815 4293~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition VIce PResident(VP) and O AND D DEBBIE ELAINE SMITH 321 West Belmar Street Lakeland, Florida 33803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

POSTED BY DATE 04-12-99

POSTED BY DATE 04-12-99

PAID CK NO DATE

CR2E037_(1/1/98)

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 03-03-99 — Daytime Phone # 941 688-5197 941 688-0100