2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90124 046 ***150.00

DOCUMENT # P04000109846

1. Entity Name
ACADEMY CAPITAL, INC

Principal Place of Business
~~4567 REED BARK~~ LN 13716 Victoria Lakes Dr
JACKSONVILLE, FL ~~32246~~ 32226

Mailing Address 13716 Victoria Lakes Dr
~~4567 REED BARK LN~~
JACKSONVILLE, FL ~~32246~~ 32226

00034133

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1357034 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUBERT, AMY S ~~Amy S. Hubert M.D.~~ ~~4567 REED BARK LN~~ ~~13716 Victoria Lakes Drive~~ JACKSONVILLE, FL ~~32246~~ ~~32226~~	Name: Amy S. Hubert, M.D.
	Street Address (P.O. Box Number is Not Acceptable): 13716 Victoria Lakes Dr
	City: Jacksonville FL Zip Code: 32226

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Amy S Hubert — Amy S. Hubert — 04/01/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Amy S. Hubert	NAME	
STREET ADDRESS	13716 Victoria Lakes Drive	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32226	CITY-ST-ZIP	
TITLE	~~President~~ President ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	James Ian Norris	NAME	
STREET ADDRESS	3321 Forest Drive	STREET ADDRESS	
CITY-ST-ZIP	Columbia SC 29204	CITY-ST-ZIP	
TITLE	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Robert E. Hubert	NAME	
STREET ADDRESS	13716 Victoria Lakes Drive	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32226	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Ian Norris — 01APR05 — 904.996.0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #