

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Sep 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17793
 1. Corporation Name
**Lockwood + Holmes, Inc.
 dba ADVANCED CAREER TRAINING**

Principal Place of Business	Mailing Address
7660 PHILLIPS Hi'GWAY SUITE 14 JACKSONVILLE, FL 32256	

3. Date Incorporated or Qualified 1986 IN FLA	3a. Date of Last Report 1996
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2. Principal Place of Business	2a. Mailing Address
21 ABOVE IS CORRECT	26 ABOVE IS CORRECT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number 58-1147879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JACQUELINE A. WILSON
 ADVANCED CAREER TRAINING
 7660 PHILLIPS HWY, SUITE 14
 JACKSONVILLE, FL 32256**

10. Name and Address of New Registered Agent

81 Name JOHN J. RANGEL
82 Street Address (P.O. Box Number is Not Acceptable) 7660 PHILLIPS HWY, SUITE 14
83
84 City JACKSONVILLE
85 Zip Code FL 32256

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: *John J. Rangel* **JOHN J. RANGEL** **8.25.97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	SANDRA N. LOCKWOOD
CITY-ST-ZIP	1 CORPORATE SQ, SUITE 110
	ATLANTA, GA 30329
TITLE	<input type="checkbox"/> DELETE
NAME	VICE PRESIDENT
STREET ADDRESS	KALEN A. ROGERS
CITY-ST-ZIP	1 CORPORATE SQ, SUITE 110
	ATLANTA, GA 30329
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****558.75**

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra N. Lockwood* **SANDRA N. LOCKWOOD** **404-321-2929**

CR2E034 (9/96)