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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

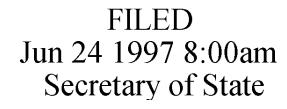
DOCUMENT # P39990

(7)

ACADEME MANAGEMENT, INC.

Principal Place of Business

Mailing Address





P.O. BOX 11309 MONTGOMERY AL 36111-0309		P.O. BOX 11309 MONTGOMERY AL 381114	P.O. BOX 11309 MONTGOMERY AL 38111-0309					
					Date Incorporated or Qualified 08/11/1992	3s. Date of Last 04/17/1996	Report	
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	pplied For	
21		26			63-1069891	, N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				□ \$8.75	Additional	
22		27	27		5. Certificate of Status Desired	Fee F	tequired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation has hability for in	nlangible tax under	s. 199 032,	
24	25	29	30			Yes 🔀 No	, I	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Rec	Istered Agent		
LINN	NE, WILLIAM V.		8	1 Name				
127	SOUTH PALAFOX STREET		8	2 Street Add	treet Address (P.O. Box Number is Not Acceptable)			
PEN	SACOLA FL 32501		8	3				
			8	4 City		FL 85 Zip	Code	
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Florida Statut te of Florida. Such change was gations of, Section 607.0505, Flo	es, the abo authorized orida Statut	ve-named cor by the corpora es.	poration submits this statement for the pi ation's board of directors. I hereby accep	moose of changing	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered a	gout and title if applicable (NOT	E: fleg-stered A	gent signature requ	uired when reinstating)	DA16		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ·	CP	DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	NABORS, EDDIE O.		1.2 NAM	г і			-	
STREET ADDRESS	3318 HIGHRIDGE COURT		1.3 STRE	E1 ADDRESS			l.	
	MONTGOMERY AL		1.4 CITY-ST-ZIP					
			2.1 TIFLE			Change	Addition	
NAME	NABORS, DORIS R.	•	22 NAM				ĺ	
STREET ADDRESS	3318 HIGHRIDGE COURT		2 3 S1RE	EL ADDRESS	•			
CITY-ST-ZIP	MONTGOMERY AL		2. 4 C/TY	- ST - ZIP				
TATLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME	3.21		3.2 NAMI					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	- }				
TITLE			4.1 TITLE	·		Change	Addition	
NAME			4.2 NAM	F				
STREET ADDRESS			4.3 STRE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY				1	
TITLE			5.1 1ITLE			☐ Change	Addition	
NAME			5.2 NAM			c.idiigo		
STREET ADDRESS				-1 ADDRESS				
CITY-ST-ZIP			1					
TITLE		DELETE	5.4 City - 6.1 Title			Change	Addition	
NAME		E OFFICIE	6.2 NAME			— спапув	E.J Addition	
STREET ADDRESS							ļ	
+				T ADDRESS				
CITY-ST-ZIP	y portify that the information a mate	and the state of t	6.4 CITY	S1 - ZIP				

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 frustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.