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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000015417 (8)**

1. Corporation Name

PROFESSIONAL SCHOOLS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
5110 UNIVERSITY BLVD W SUITE C JACKSONVILLE FL 32216	P.O. BOX 1367 MCCOMB MS 39648 US

3. Date Incorporated or Qualified: **12/28/1992**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-3147352** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 607.1502, 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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	D	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	FISACKERLY, THRESA		1.2 NAME	STEWART A. SMITH, JR.	
STREET ADDRESS	220 MAIN ST		1.3 STREET ADDRESS	5110 University Blvd. W	
CITY-ST-ZIP	MCCOMB MS		1.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, AILEEN B		2.2 NAME		
STREET ADDRESS	220 MAIN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MCCOMB MS 39648		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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 added on an attachment with an address.

SIGNATURE: Alan B. Smith secretary 4-15-96 601-684-5345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Alan B. Smith

CR2E034 (12/95)