

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 24 AM 8:42

DOCUMENT # P93000017256 (7)

1. Corporation Name

PROFESSIONAL EDUCATION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

PO BOX 560148
ORLANDO FL 32856-0148

3409 PRICE AVENUE
ORLANDO FL 32806-0148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

08/09/1994

4. FEI Number

59-3171100

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**

6. This corporation has liability for intangible tax under § 190.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 10151 University Blvd

26 10151 University Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 No. 117

27 No. 117

City & State

City & State

23 Or lando, FL

28 Orlando FL

Zip

Zip

24 32817

29 32817

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, CLAUDIA L
3409 PRICE AVENUE
ORLANDO FL 32806

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 607.1508, 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

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 P
NAME KLINTWORTH, NANCY P.
STREET ADDRESS 2026 KIMBERWICKE CIR.
CITY, ST, ZIP OVIEDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

102 V
NAME RILEY, CLAUDIA L.
STREET ADDRESS 3409 PRICE AVE.
CITY, ST, ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

103 T
NAME HEAD, MICHAEL C.
STREET ADDRESS 2026 KIMBERWICKE CIR.
CITY, ST, ZIP OVIEDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

104 S
NAME RILEY, D. SCOTT
STREET ADDRESS 3409 PRICE AVE.
CITY, ST, ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

105
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

106
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), Florida Statutes. I further certify that the information indicated on the 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 of this report, or on any attachment with an address.

SIGNATURE:

Nancy P. Klintworth
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/95 (407) 366-7943
Date (Telephone Number)