

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

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AND
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97 APR 30 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P93000031262 (7)**

1. Corporation Name
EDUCATIONAL FACILITIES GROUP, INC.

| | |
|---|--|
| Principal Place of Business 1713 MAHAN DRIVE SUITE C TALLAHASSEE FL 32308 | Mailing Address 1713 MAHAN DRIVE SUITE C TALLAHASSEE FL 32308-5201 |
|---|--|

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|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 04/28/1993 | 3a. Date of Last Report 12/02/1996 |
| 4. FEI Number 59-3186190 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent PROCTOR, THOMAS C SR 1713 MAHAN DRIVE - SUITE C TALLAHASSEE FL 32308 | |
|--|--|

| | |
|---|----------------|
| 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 607.1508, 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:  DATE: **March 7, 1997**

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | PSD <input type="checkbox"/> DELETE |
| NAME | PROCTOR, THOMAS C SR |
| STREET ADDRESS | 1713 MAHAN DRIVE SUITE C |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | BROWNING, ROBERT W JR |
| STREET ADDRESS | 1713 MAHAN DRIVE SUITE C |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | DOZIER, L. LAURIE III |
| STREET ADDRESS | 1713 MAHAN DRIVE SUITE C |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | RUDNICK, JAMES M |
| STREET ADDRESS | 926 EAST PARK AVENUE |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 |
| 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 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 400002171244--9 |
| 1.3 STREET ADDRESS | -05/08/97--01075--009 |
| 1.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE: **4/21/97 (64) 870-0852**

CR2E034 (9/96)