

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0007739

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 SEP 30 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3186190

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**PROCTOR, THOMAS C SR
1713 MAHAN DRIVE - SUITE C
TALLAHASSEE FL 32308**

81 Name

PROCTOR, M. JULIAN JR.

82 Street Address (P.O. Box Number is Not Acceptable)

227 SOUTH CALHOUN STREET

83

84 City

TALLAHASSEE

FL 85 Zip Code 32301

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: *Thomas C Proctor*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/28/98

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **PROCTOR, THOMAS C SR**
STREET ADDRESS **1713 MAHAN DRIVE SUITE C**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VD** ☐ DELETE
NAME **BROWNING, ROBERT W JR**
STREET ADDRESS **1713 MAHAN DRIVE SUITE C**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VD** ☐ DELETE
NAME **DOZIER, L. LAURIE III**
STREET ADDRESS **1713 MAHAN DRIVE SUITE C**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ DELETE
NAME **RUDNICK, JAMES M**
STREET ADDRESS **926 EAST PARK AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000002653570--8
-10/01/98--01061--015
******550.00 ****550.00**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *Thomas C Proctor*

9/29/98

878-0852

CR2E034 (5/98)