

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043507 (1)**

1. Corporation Name:

**SMEDBERG EDUCATIONAL CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

**3218 WEST ALENE STREET  
TAMPA FL 33614**

**3218 WEST ALENE STREET  
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/21/1993**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3192606**

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 § 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

City

24

City

25

City

29

City

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMEDBERG, CHARLOTTE  
3218 WEST ALENE STREET  
TAMPA FL 33614**

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 607.0703 and 607.1504, 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 607.0902, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Agent

Signature of Registered Agent (Signature Required after 1/1/95)

Date

12. OFFICERS AND DIRECTORS	
TITLE	<b>PVST</b>
NAME	<b>SMEDBERG, CHARLOTTE</b>
STREET ADDRESS	<b>3218 WEST ALENE STREET</b>
CITY, ST, ZIP	<b>TAMPA FL 33614</b>
TITLE	<b>D</b>
NAME	<b>SMEDBERG, CHARLOTTE</b>
STREET ADDRESS	<b>3218 WEST ALENE STREET</b>
CITY, ST, ZIP	<b>TAMPA FL 33614</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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 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 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 of this report, or on an attachment with an address.

SIGNATURE: *Charlotte A. Smedberg* (Charlotte A. Smedberg) 4/22/95 (813) 885-5060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR