FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073235 (2)

1. Corporation Name

COMPU-TRAIN EDUCATIONAL SERVICES INC.

Principal Place of Business	Mailing Address
17 S PALAFOX PL SUITE 369 PENSACOLA FL 32501	17 S PALAFOX PL SUITE 369 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 31 W GARDEN ST	26 31 W GARDEN ST
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 PENSACOLA FL	City & State 28 PENSACOLA FL
Zip / Country 24 32501 / 25 ESCAMBIA	Zip / Country 29 32501 / 30 ESCAMBIA

4. FEI Number: 59-3213485 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, STEVE 1417 WILSON AVE PENSACOLA FL 32507	81 Name: JONES STEVE 82 Street Address (P.O. Box Number is Not Acceptable): 1206 BLUE FOX PLACE 83 84 City: PENSACOLA FL 85 Zip Code: 32514

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	JONES, STEVE	12 NAME		
STREET ADDRESS	~~1417 WILSON AVE.~~ 1206 BLUE FOX PL	13 STREET ADDRESS		
CITY ST ZIP	~~PENSACOLA FL~~ PENSACOLA FL 32514	14 CITY ST ZIP		
TITLE	VPSD	21 TITLE		☒ Change ☐ Addition
NAME	MCGHEE, PAGE C	22 NAME	JONES PAGE C	
STREET ADDRESS	1206 BLUE FOX PL.	23 STREET ADDRESS	1206 BLUE FOX PL.	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	PENSACOLA FL 32514	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 on an attachment with an addition.

SIGNATURE: [signature] President 5-1-95 904-434-3414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0395093 CP