

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000001858 (7)

1. Corporation Name

EDUTEK EDUCATION SOLUTIONS, INC.

FILED  
Apr 23 1996 8:00 am  
Secretary of State



Principal Place of Business

1831 NW 13TH ST  
STE 8  
GAINESVILLE FL 32609  
US

Mailing Address

PO BOX 5186  
GAINESVILLE FL 32602  
US

3. Date Incorporated or Qualified  
01/07/1994

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 3499 NW 97th Blvd

26 3499 NW 97th Blvd

4. FEI Number

62-1558718

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 11

27 11

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Gainesville FL

28 Gainesville FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32606

25

29 32606

30

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

SLAUGHTER, HARRY O  
1731 N.W. SIXTH STREET  
#8  
GAINESVILLE FL 32609

81 Name

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

3499 NW 97th Blvd  
Ste 4

83

84 City Gainesville

FL

85

Zip Code 32606

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Harry O. Slaughter Harry O. Slaughter

4/19/96

Signature, typed or printed name of registered agent and the principal officer or director

(Signature) Registered Agent's signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SLAUGHTER, HARRY O  
STREET ADDRESS 1831 NW 13TH ST  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE D  
NAME SLAUGHTER, PHILIP  
STREET ADDRESS 1831 NW 13TH WAY  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE D  
NAME SLAUGHTER, LYNNETTE B  
STREET ADDRESS 1831 NW 13TH ST  
CITY-ST-ZIP GAINESVILLE FL 32609

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

3499 NW 97th Blvd Ste 11

Gainesville FL 32606

☐ Change ☐ Addition

3499 NW 97th Blvd Ste 4

Gainesville FL 32606

☐ Change ☐ Addition

3499 NW 97th Blvd Ste 11

Gainesville, FL 32606

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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)(k), 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:

Lynnette B. Slaughter Lynnette B. Slaughter

4/19/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1197

Signature Print Name

CR2E034 (12/95)