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 JUN 30 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000005443

1. Corporation Name: PAIDEIA CONSULTING ASSOCIATES, INC.

Principal Place of Business / Mailing Address: 10550-8 Old St. Augustine Rd Ste 327, Jacksonville, FL 32257

3. Date Incorporated or Qualified: 1-24-94

3a. Date of Last Report: N/A

2. Principal Place of Business (21): Same

2a. Mailing Address (26): Same

4. FEI Number: 59-3225507 — Applied For / Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (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: CT Corporation Systems, 1200 So. Pine Island Road, Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name: N/A

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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 1 TITLE	☐ Change ☐ Addition
NAME	Maria Evans	1 2 NAME	0000015317 00
STREET ADDRESS	4103 Hidden Branch Dr. N	1 3 STREET ADDRESS	-07/07/95--01018--021
CITY-ST-ZIP	Jacksonville, FL 32257	1 4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	Vice President/Secretary	2 1 TITLE	☐ Change ☐ Addition
NAME	Gregory W. Forster	2 2 NAME	
STREET ADDRESS	829 1st St. South #2F	2 3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	2 4 CITY-ST-ZIP	
TITLE	Treasurer	3 1 TITLE	☐ Change ☐ Addition
NAME	Diana G. Warren	3 2 NAME	
STREET ADDRESS	1711 Ashwood Circle	3 3 STREET ADDRESS	
CITY-ST-ZIP	Middleburg, FL 32068	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

REMITTED BY MAY 1 6/30

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: Diana G Warren — Diana G Warren — 6-3-95 — (904) 398-8264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #