SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P94000018114 (6) LENEY EDUCATIONAL AND PUBLISHING, INC. Principal Place of Business Mailing Address 2522 BLARNEY OR 2522 BLARNEY DR TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1994 06/06/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3248615 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEYLAND, LEEDELL W 2522 BLARNEY DR 62 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 84 City 85 Zin 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 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. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typicd or printed name of registered agent and title if appticable (NOTE: Registered Agent signature required when reinstituting) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96) TITLE DELETE 1.1 BILE Change Addition NAME NEYLAND, LEEDELL W 1.2 NAME STREET ADDRESS 2522 BLARNEY DR 13 STREET ADDRESS TALLAHASSEE FL 32308 CITY - ST - ZIP 1 4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Ado tion NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE . Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - 2IP 34 CITY-ST-ZIP TITLE DELETE 4.1 THLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 44 CITY -ST-ZIP TITLE DELETE SATINE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - 2IP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

changed, or on an attachment with an address

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6/10/96 904-893-4333