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 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027574 (0)**

1. Corporation Name

EDUCATIONAL SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
6913 WINNERS CIRCLE FAIRFAX STATION VA 22039	6913 WINNERS CIRCLE FAIRFAX STATION VA 22039

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) (29) (30)

4. FEI Number: 58-2108230 ☐ 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

BENJAMIN, ROBERT W
1550 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. Owners accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (1)

12.	13.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition C JEROME R. SHAPIRO 6913 WINNERS CIRCLE FAIRFAX STATION, VA 22039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition P/S/T MARIE CLAVELOUX 11364 LINES DRIVE RESTON, VA 22090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I declare (I certify) that the information required with the filing is substantially complete 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 report or supplemental 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 above, or on an attachment with an asterisk.

SIGNATURE: Marie Clavelox MARIE CLAVELOUX 5/8/95 703-435-8510

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

0397717 FP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 19 AM 10:15

TALLAHASSEE, FLORIDA

DOCUMENT # P94000027621 (9)

1. Corporation Name

L.G. WILLS, INC.

Principal Place of Business

526 W HOWARD AVE
ORANGE CITY FL 32763

Mailing Address

526 W HOWARD AVE
ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994

3a. Date of Last Report:

4. FEI Number: 59-3238264 — 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

2. Principal Place of Business / 2a. Mailing Address (21–30): blank

9. Name and Address of Current Registered Agent

WILLS, LEE
526 W HOWARD AVE
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

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 Section 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: (blank)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Tras.
NAME	Lee Wills
STREET ADDRESS	526 W. Howard Ave.
CITY-ST-ZIP	Orange City, Fl. 32763
TITLE	V. Pres, Sect! Tras.
NAME	Chris Wood-Wills
STREET ADDRESS	526 W. Howard Ave
CITY-ST-ZIP	Orange City, Fl. 32763
TITLE	Asst. Sect. Tras
NAME	Raymond Wood
STREET ADDRESS	340 E. Corporator Ave
CITY-ST-ZIP	Orange City, Fl. 32763

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: Christine Wood Wills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christine Wood Wills

5-16-95 DATE

904 775-4242 Daytime Phone #

0060481 CP