

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY 18 AM 10:15

DOCUMENT # P94000027574 (0)

1. Corporation Name

EDUCATIONAL SERVICES GROUP, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6913 WINNERS CIRCLE
FAIRFAX STATION VA 22039**

Mailing Address
**6913 WINNERS CIRCLE
FAIRFAX STATION VA 22039**

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

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. The corporation has liability for intangible tax under § 192.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. County 28. County

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENJAMIN, ROBERT W
1550 RINGLING BLVD.
SARASOTA FL 34236**

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 Sections 607.01(3) and 607.12(2) Florida Statutes, the officer named corporation submits this 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the responsibility of, Section 607.01(3) Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent or Change of Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. ADDRESS	1. NAME	2. ADDRESS
3. CITY & STATE	4. CITY & STATE	5. NAME	6. ADDRESS
7. NAME	8. ADDRESS	9. NAME	10. ADDRESS
11. NAME	12. ADDRESS	13. NAME	14. ADDRESS
15. NAME	16. ADDRESS	17. NAME	18. ADDRESS
19. NAME	20. ADDRESS	21. NAME	22. ADDRESS
23. NAME	24. ADDRESS	25. NAME	26. ADDRESS
27. NAME	28. ADDRESS	29. NAME	30. ADDRESS
31. NAME	32. ADDRESS	33. NAME	34. ADDRESS
35. NAME	36. ADDRESS	37. NAME	38. ADDRESS
39. NAME	40. ADDRESS	41. NAME	42. ADDRESS
43. NAME	44. ADDRESS	45. NAME	46. ADDRESS
47. NAME	48. ADDRESS	49. NAME	50. ADDRESS
51. NAME	52. ADDRESS	53. NAME	54. ADDRESS
55. NAME	56. ADDRESS	57. NAME	58. ADDRESS
59. NAME	60. ADDRESS	61. NAME	62. ADDRESS
63. NAME	64. ADDRESS	65. NAME	66. ADDRESS
67. NAME	68. ADDRESS	69. NAME	70. ADDRESS
71. NAME	72. ADDRESS	73. NAME	74. ADDRESS
75. NAME	76. ADDRESS	77. NAME	78. ADDRESS
79. NAME	80. ADDRESS	81. NAME	82. ADDRESS
83. NAME	84. ADDRESS	85. NAME	86. ADDRESS
87. NAME	88. ADDRESS	89. NAME	90. ADDRESS
91. NAME	92. ADDRESS	93. NAME	94. ADDRESS
95. NAME	96. ADDRESS	97. NAME	98. ADDRESS
99. NAME	100. ADDRESS	101. NAME	102. ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(3)(b) Florida Statutes. I further certify that the information included 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 registered agent or change of registered agent, or both, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Marie Claveloux **MARIE CLAVELoux** **5/8/95** **703-435-8510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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2004 MAY 10 10:15

OFFICE OF THE
TREASURER OF THE STATE

**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # P94000027621 (9)

1. Corporation Name
L.G. WILLS, INC.

Principal Place of Business Mailing Address
**526 W HOWARD AVE
ORANGE CITY FL 32763** **526 W HOWARD AVE
ORANGE CITY FL 32763**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or (2 added)	3a. Date of Last Report
04/11/1994	
4. FFI Number	Applied For Not Applicable
59-3238264	
5. Certificate of Status (check)	\$8.75 Additional Fee Required
☒	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has liability for intangible tax under S. 190.032 Florida Statutes	☐ Yes ☒ No

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

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 Sections 607.05(2) and 607.05(3) 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 607.05(3) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE	1. NAME	1. TITLE	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP
4. TITLE	4. NAME	4. TITLE	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP
7. TITLE	7. NAME	7. TITLE	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP
10. TITLE	10. NAME	10. TITLE	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if it were made by me in person. I am familiar with and accept the obligations of Section 607.05(3) Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an officer listed with an addition.

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

5-16-95 904
775-4242