

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000028285 (2)**

1. Corporation Name  
**FELT FAMILY TWO UNIVERSITY, INC.**



Principal Place of Business: **3456 RIVER GARDENS CIRCLE PENSACOLA FL 32514**  
Mailing Address: **3456 RIVER GARDENS CIRCLE PENSACOLA FL 32514**

3. Date incorporated or Qualified: **04/11/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FET Number: **59-3241118**  
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  
21. **7171 N. DAVIS HWY.**  
22. **UNIVERSITY MALL**  
23. **PENSACOLA, FL**  
24. Zip: **32504**  
25. Country: **U.S.**  
2a. Mailing Address  
26. **9173 WOODRUN PL.**  
27. **PENSACOLA, FL**  
28. **PENSACOLA, FL**  
29. Zip: **32514**  
30. Country: **U.S.**

9. Name and Address of Current Registered Agent  
**FELT, GEORGE I JR.  
3456 RIVER GARDENS CIRCLE  
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent  
81. Name: **FELT, GEORGE G.**  
82. Street Address (P.O. Box Number is Not Acceptable): **9173 WOODRUN PLACE**  
83.   
84. City: **PENSACOLA, FL**  
85. Zip Code: **32504**

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: *George G. Felt* Date Registered Agent's Signature: **3/8/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELT, GEORGE I JR.</b>	1.2 NAME	
STREET ADDRESS	<b>3456 RIVER GARDENS CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELT, GEORGE G.</b>	2.2 NAME	
STREET ADDRESS	<b>9173 WOODRUN PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELT, SHAWN D.</b>	3.2 NAME	
STREET ADDRESS	<b>4160 AQUA VISTA DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELT, DARLA J.</b>	4.2 NAME	
STREET ADDRESS	<b>3456 RIVER GARDENS CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George G. Felt* **GEORGE G. FELT** **3/8/96** **(904) 479-2270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)