

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jun 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000028285 (2)**  
1. Corporation Name  
**FELT FAMILY TWO UNIVERSITY, INC.**



Principal Place of Business: 7171 N. DAVIS HWY. UNIVERSITY MALL PENSACOLA FL 32504 US  
Mailing Address: 9173 WOODRUN PL. 6861 DATA ST. PENSACOLA FL 32514-5514 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/11/1994	05/01/1996
22		27		4. FEI Number	Applied For
23		28		59-3241118	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FELT, GEORGE G.  
9173 WOODRUN PLACE  
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name	Felt, Shawn D.
82 Street Address (P.O. Box Number is Not Acceptable)	6861 Data Street
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: *Shawn D. Felt* DATE: 6/2/97  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	FELT, GEORGE I JR.		
STREET ADDRESS	3456 RIVER GARDENS CIRCLE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FELT, GEORGE G.		
STREET ADDRESS	9173 WOODRUN PLACE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	FELT, SHAWN D.		
STREET ADDRESS	4100 AQUA VISTA DR		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	FELT, DARLA J.		
STREET ADDRESS	3456 RIVER GARDENS CIRCLE		
CITY-ST-ZIP	PENSACOLA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: 4/30/97 (940)479-2270

CR2E034 (9/96)