

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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

6861 DATA SHEET
PENSACOLA FL 32504
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

59-3241118

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 9173 Woodrwn Place

Suite, Apt. #, etc.

27 City & State

28 Pensacola FL

Zip

29 32514

Country

30 US

9. Name and Address of Current Registered Agent

FELT, SHAWN D.
6861 DATA SHEET
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9173 Woodrwn Place

83

84 City

Pensacola

FL

85 Zip Code

32514

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

Signature, typed or printed name of registrant agent and title if applicable

Shawn D. Felt

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME FELT, GEORGE I JR.
STREET ADDRESS 3456 RIVER GARDENS CIRCLE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

D
NAME FELT, GEORGE G.
STREET ADDRESS 9173 WOODRWN PLACE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

V
NAME FELT, SHAWN D.
STREET ADDRESS 4160 AQUA VISTA DR
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

S
NAME FELT, DARLA J.
STREET ADDRESS 3456 RIVER GARDENS CIRCLE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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:

Shawn D. Felt

SHAWN D. FELT

4/29/98

850-478-4408

CR2E034 (10/97)