

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 9173 Woodrwn Place
22. City & State	27. Pensacola FL
23. Zip	28. 32514 US
24. Country	29. US

3. Date Incorporated or Qualified 04/11/1994	
4. FEI Number 59-3241118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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** *Shawn D. Felt* **4/29/98**
Signature, typed or printed name of registrant agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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	4160 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	9173 Woodrwn Place
3.3 STREET ADDRESS	Pensacola FL 32514
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 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)