FILE NOW: FILING FEE AFTER MARCH 31 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAR 15 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050980 (9)

1. Corporation Name
DISCOVERY EDUCATIONAL SYSTEMS, INC.

300001432023
-03/16/95--01099--004
****200.00 . ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
12759 ASHBROOK CIRCLE EAST JACKSONVILLE FL 32225	12759 ASHBROOK CIRCLE EAST JACKSONVILLE FL 32225

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 12759 Ashbrook Circle E.
Suite, Apt. #, etc. 22
City & State 23 Jacksonville, FL
Zip 24 32225 Country 25 Duval

2a. Mailing Address
26 P.O. Box 8040
Suite, Apt. #, etc. 27
City & State 28 Jacksonville, FL
Zip 29 32277-8040 Country 30 Duval

4. FEI Number: EIN 59-3254131 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCAUGHEY, MARGARET E
12759 ASHBROOK CIRCLE EAST
JACKSONVILLE FL 32225

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 607.0502 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 Margaret E McCaughey President 2/27/95
Signature, title or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTV	1.1 TITLE	☒ Change ☐ Addition
NAME	MCCAUGHEY, MARGARET E	1.2 NAME	12759 Ashbrook Circle East, Jax, FL 32225
STREET ADDRESS	P.O. BOX 2067	1.3 STREET ADDRESS	P.O. Box 8040
CITY-ST-ZIP	JACKSONVILLE FL 32203-2067	1.4 CITY-ST-ZIP	Jacksonville, FL 32277-8040
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MCCAUGHEY, MARGARET E	2.2 NAME	12759 Ashbrook Circle East, Jacksonville, FL 32225
STREET ADDRESS	P.O. BOX 2067	2.3 STREET ADDRESS	P.O. Box 8040
CITY-ST-ZIP	JACKSONVILLE FL 32203-2067	2.4 CITY-ST-ZIP	Jacksonville, FL 32277-8040
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	3/15/95 MS
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We 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)(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: Margaret E McCaughey 2/27/95 (904) 642-9270
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
MARGARET E. MCCAUGHEY

000317 CR