FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067082 (5)**

1. Corporation Name
NATIONAL HOME STUDY, INC.

Principal Place of Business	Mailing Address
4245 SEABREEZE DRIVE JACKSONVILLE BEACH FL	4245 SEABREEZE DRIVE JACKSONVILLE BEACH FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 100 CORAL HARBOUR WAY	26 14444 BEACH BLVD
22 Suite, Apt. #, etc. #2407	27 Suite, Apt. #, etc. STE 18-341
23 City & State PONTE VEDRA BCH. FL	28 City & State JACKSONVILLE FL
24 Zip 32082 / 25 Country	29 Zip 32250 / 30 Country

4. FEI Number — ☑ 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	10. Name and Address of New Registered Agent
MARMION, RONALD J ~~4245 SEABREEZE DRIVE~~ ~~JACKSONVILLE BEACH FL~~	81 Name: RONALD J MARMION 82 Street Address (P.O. Box Number is Not Acceptable): 100 CORAL HARBOUR WAY #2407 83 84 City: PONTE VEDRA BCH FL 85 Zip Code: 32082

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: R Marmion PIR — 4-13-95
Signature, type(s) 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	D	11 TITLE	D ☑ Change ☐ Addition
NAME	MARMION, RONALD J	12 NAME	RONALD J MARMION
STREET ADDRESS	4245 SEABREEZE DRIVE	13 STREET ADDRESS	100 CORAL HARBOR WAY #2407
CITY-ST-ZIP	JACKSONVILLE BEACH FL	14 CITY-ST-ZIP	PONTE VEDRA BCH FL 32082
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 the 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: R Marmion RONALD J MARMION PIR 041395 (904)273-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024617 CP