FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000067082 (5)

1. Corporation Name

NATIONAL HOME STUDY, INC.

Principal Place of Business
~~100 CORAL HARBOUR WAY~~
~~SUITE 2407~~
~~PONTE VEDRA BEACH FL 32082~~
~~US~~

Mailing Address
14444 BEACH BLVD
SUITE 18-341
JACKSONVILLE FL 32250
US

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21 2397 PINE ISLAND CT
Suite, Apt. #, etc
22
City & State
23 JACKSONVILLE FL
Zip
24 32224
Country
25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: ~~APPLIED FOR~~ 59-3321626 ☐ 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**

~~MARMION, RONALD J~~
~~100 CORAL HARBOUR WAY, SUITE 2407~~
~~PONTE VEDRA BEACH FL 32082~~

10. **Name and Address of New Registered Agent**

81 Name: MARMION RONALD J
82 Street Address (P.O. Box Number is Not Acceptable): 2397 PINE ISLAND CT
83 JACKSONVILLE FL
84 City: FL
85 Zip Code: 32224

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: [signature] RONALD J MARMION 5-1-96
Signature, typed or printed name of new registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARMION, RONALD J	
STREET ADDRESS	100CORAL HARBOR WAY, SUITE 2407	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	~~Ro~~ MARMION, RONALD J	
1.3 STREET ADDRESS	2397 PINE ISLAND CT	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32224	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] RONALD MARMION 5-1-96 (904) 817-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)