

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000072124 (8)**

1. Corporation Name

EDUCATIONAL SERVICES UNLIMITED, INC.



Principal Place of Business

**1540 SOUTH ADAMS ST.
SUITE D
TALLAHASSEE FL 32307**

Mailing Address

**P.O. BOX 6643
TALLAHASSEE FL 32314**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

U.S.A.

29

30

U.S.A.

9. Name and Address of Current Registered Agent

**WILLIAM, WILLIE T DR.
1814 RAA AVENUE
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

08/08/1995

4. FEI Number

59-3271170

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

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:

Signature typed or printed name of registered agent and the corporation

1201L Registered Agent Signature required at filing (not required for change of agent)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
WILLIAMS, WILLIE T
1814 RAA AVE.
TALLAHASSEE FL 32303**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

7. TITLE

72. NAME

73. STREET ADDRESS

74. CITY - ST - ZIP

8. TITLE

82. NAME

83. STREET ADDRESS

84. CITY - ST - ZIP

9. TITLE

92. NAME

93. STREET ADDRESS

94. CITY - ST - ZIP

10. TITLE

102. NAME

103. STREET ADDRESS

104. CITY - ST - ZIP

11. TITLE

112. NAME

113. STREET ADDRESS

114. CITY - ST - ZIP

SIGNATURE:

Willie T. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 681-1824

Date Date

CR2E034 (12/95)