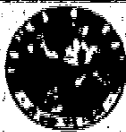


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 12:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000074114 (7)

1. Corporation Name

ACHIEVERS' GROUP CORPORATION

Principal Place of Business

**466 OAKRIDGE RD
ORLANDO FL 32809**

Mailing Address

**466 OAKRIDGE RD
ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3284067

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BUTT, WARREN P
466 OAKRIDGE RD
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81. Name

Ryan, Marguerite M.

82. Street Address (P.O. Box Number is Not Acceptable)

2421 Curry Ford Rd.

83.

84. City

Orlando

FL

85. Zip Code

32806

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

Marguerite M. Ryan

(NOTE: Registered Agent signature required when reappointing)

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRIDGES, WARREN
STREET ADDRESS	466 OAKRIDGE RD
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D
NAME	BRIDGES, CATHERINE
STREET ADDRESS	466 OAKRIDGE RD
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D
NAME	BUTT, WARREN P
STREET ADDRESS	466 OAKRIDGE RD
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D
NAME	BUTT, MARGIE
STREET ADDRESS	466 OAKRIDGE RD
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	☒ Change ☐ Addition
1.2 NAME	Bridges, Warren	
1.3 STREET ADDRESS	466 Oakridge Rd	
1.4 CITY-ST-ZIP	Orlando, FL 32809	
2.1 TITLE	D/VP	☒ Change ☐ Addition
2.2 NAME	Bridges, Catherine	
2.3 STREET ADDRESS	466 Oakridge Rd	
2.4 CITY-ST-ZIP	Orlando, FL 32809	
3.1 TITLE	D/P/M	☐ Change ☐ Addition
3.2 NAME	Butt, Warren P.	
3.3 STREET ADDRESS	466 Oakridge Rd	
3.4 CITY-ST-ZIP	Orlando, FL 32809	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME	Ryan, Marguerite	
5.3 STREET ADDRESS	466 Oakridge Rd	
5.4 CITY-ST-ZIP	Orlando, FL 32809	
6.1 TITLE	S	☐ Change ☒ Addition
6.2 NAME	Snyder, Angela	
6.3 STREET ADDRESS	466 Oakridge Rd	
6.4 CITY-ST-ZIP	Orlando, FL 32809	

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Warren P. Butt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren P. Butt

2/24/95 (407) 649-4344