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 # **P94000081804 (4)**

1. Corporation Name
GROUP LEARNING SYSTEMS OF NORTH FLORIDA, INC.

Principal Place of Business
1833 BOULEVARD
SUITE 607
JACKSONVILLE FL 32206

Mailing Address
1833 BOULEVARD
SUITE 607
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report: 11/13/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **APPLIED FOR** ☐ 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 no activity

9. Name and Address of Current Registered Agent
HOFFMAN, KAREN C
1200 RIVERPLACE BLVD
SUITE 800
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name: Joseph J. McGurrin
82 Street Address (P.O. Box Number is Not Acceptable): 1833 Boulevard #607
83
84 City: Jacksonville FL 85 Zip Code: 32206

11. Pursuant to the provisions of Section 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: Joseph J. McGurrin — Registered Agent signature required for registered agent change — DATE: 1-24-96

12. OFFICERS AND DIRECTORS

TITLE: D ☐ DELETE
NAME: SCOTT, CAROL J
STREET ADDRESS: 3427 GUILFORD TERR
CITY-ST-ZIP: BALTIMORE MD 21218

TITLE: D ☐ DELETE
NAME: BATEH, MARK A
STREET ADDRESS: 7701 BAYMEADOWS CIR W #1142
CITY-ST-ZIP: JACKSONVILLE FL 32256

TITLE: D ☐ DELETE
NAME: MCGURRIN, JOSEPH J
STREET ADDRESS: 1833 BOULEVARD SUITE 607
CITY-ST-ZIP: JACKSONVILLE FL 32206

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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: Joseph J McGurrin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-24-96 — Daytime Phone #: 904-354-0150

CR2E034 (12/95)