

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000083157 (5)

1. Corporation Name

EDUCATIONAL ACHIEVEMENT CENTER, INC.

Principal Place of Business

**50 S. BELCHER PLAZA, SUITE 122
CLEARWATER FL 34625-3900**

Mailing Address

**50 S. BELCHER PLAZA, SUITE 122
CLEARWATER FL 34625-3900**

**APPROVED
AND
FILED**

95 APR -4 AM 10:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1994

3a. Date of Last Report

11/9/94

4. FEI Number

59-3277577

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ X

**\$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

2. Principal Place of Business

21 5510 RIVER ROAD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 SUITE 103

Suite, Apt. #, etc.

27

City & State

23 NEW PORT RICHEY, FL

City & State

28

Zip

24 34652-3756

Country

25 PASCO

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WARD, CLARA R
2250 BASCOM WAY
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name

WILLIAM L. WARD

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

83 2250 BASCOM WAY

84 City

CLEARWATER

FL

85 Zip Code
34624

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

WILLIAM L. WARD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

William L. Ward
3/3/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CLARA R. WARD
2250 BASCOM WAY
CLEARWATER, FL 34624**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WILLIAM L. WARD
2250 BASCOM WAY
CLEARWATER, FL 34624**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ 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 110.07(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: CLARA R. WARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clara R. Ward

3/3/95 (818) 849-5600