

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000083157 (5)

1. Corporation Name

EDUCATIONAL ACHIEVEMENT CENTER, INC.

Principal Place of Business

5510 RIVER ROAD  
SUITE 103  
NEW PORT RICHEY FL 34652-3756  
US

Mailing Address

5510 RIVER ROAD  
SUITE 103  
NEW PORT RICHEY FL 34652-3756  
US

3. Date Incorporated or Qualified

11/10/1994

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc:

26 Suite, Apt #, etc:

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3277577

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒Yes ☐ No

9. Name and Address of Current Registered Agent

WARD, WILLIAM L  
2250 BASCOM WAY  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

LISA L. MUSGROVE

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

17730 Meridian Blvd.

83

84 City

Hudson

FL

85 Zip Code

34667

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 Lisa L. Musgrove

Lisa L. Musgrove

1/10/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

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

XX DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change☐ Addition2.1 TITLE SD  
2.2 NAME MUSGROVE, LISA L.  
2.3 STREET ADDRESS 17730 Meridian Blvd.  
2.4 CITY-ST-ZIP Hudson, Fl. 34667☐ Change

XX Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Lisa L. Musgrove

1/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

130

CR2E034 (9/96)