FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089973 (9)**

1. Corporation Name
KW PUBLISHING AND COMPUTER TRAINING, INC.

Principal Place of Business
2194 MAIN STREET
DUNEDIN FL

Mailing Address
2194 MAIN STREET
DUNEDIN FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1994**
3a. Date of Last Report:

21 2. Principal Place of Business:
26 2a. Mailing Address: P.O. Box 10266
4. FEI Number: 59-3288738 — Applied For / Not Applicable
22 Suite, Apt. #, etc.: #K
27 Suite, Apt. #, etc.:
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
23 City & State:
28 City & State: St. Petersburg FL
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
24 Zip: 34698 — 25 Country:
29 Zip: 33733 — 30 Country:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WORKMAN, JAMES J
13432 ANDOVA DRIVE
LARGO FL 34644

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	P	☐ Change ☑ Addition
NAME		1.2 NAME	SCOTT G. KELBY	
STREET ADDRESS		1.3 STREET ADDRESS	2194 Main Street #K	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		2.1 TITLE	V	☐ Change ☑ Addition
NAME		2.2 NAME	JAMES J. WORKMAN	
STREET ADDRESS		2.3 STREET ADDRESS	13432 Andova Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Largo FL 34644	
TITLE		3.1 TITLE	T	☐ Change ☑ Addition
NAME		3.2 NAME	Jean A. Kendra	
STREET ADDRESS		3.3 STREET ADDRESS	13432 Andova Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Largo FL 34644	
TITLE		4.1 TITLE	S	☐ Change ☑ Addition
NAME		4.2 NAME	Kalebra Kelby	
STREET ADDRESS		4.3 STREET ADDRESS	2194 Main Street #K	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dunedin FL 34698	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Jean A. Kendra — Jean A. Kendra (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 4/18/95 (Date) — 813/595-8764 (Daytime Phone #)

0000164 CP