

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000033644 (2)

1. Corporation Name

COMPUTER TUTORS OF THE SILVER COAST, INC.



Principal Place of Business

Mailing Address

31 LIGHTHOUSE POINT, LIVE OAK ISLAND
~~RT-2 BOX 4505-20~~ Delete
CRAWFORDVILLE FL 32327

31 LIGHTHOUSE POINT, LIVE OAK ISLAND
~~RT-2 BOX 4505-20~~ Delete
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3309754

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

10. Name and Address of New Registered Agent

CLARK, SUSAN R
31 LIGHTHOUSE POINT, LIVE OAK ISLAND
~~RT-2 BOX 4505-20~~ Delete
CRAWFORDVILLE FL 32327

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

Signature of Registered Agent (Print Name and Address of the Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME CLARK, SUSAN R
STREET ADDRESS 31 LIGHTHOUSE POINT, LIVE OAK ISLAND
CITY-ST-ZIP CRAWFORDVILLE FL 32327

☐ DELETE

TITLE VSD
NAME CLARK, RICHARD W
STREET ADDRESS 31 LIGHTHOUSE POINT, LIVE OAK ISLAND
CITY-ST-ZIP CRAWFORDVILLE FL 32327

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CHAIRMAN

☐ Change

☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

DIRECTOR
VICE PRESIDENT FOR MARKETING
CAROL Odell
87 MONOCOUPE CIRCLE
PARADEA, FL 32246

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 both in attachment with an address.

SIGNATURE:

Susan Clark PTDC SUSAN CLARK

4-26-96

904-926-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)