

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025026 (1)

1. Corporation Name

THE PARK HOUSE ACADEMY, INC.



Principal Place of Business

3416 HOLLIDAY AVE
APOPKA FL 32703

Mailing Address

3416 HOLLIDAY AVE
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

N/A

4. FEI Number

59 337 1123

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1776 MINNESOTA AVE.

Suite, Apt. #, etc.

City & State

23 WINTER PARK FLORIDA

Zip

24 32789

Country

25 USA

2a. Mailing Address

26 1776 MINNESOTA AVE.

Suite, Apt. #, etc.

City & State

28 FLORIDA WINTER PARK

Zip

29 32789

Country

30 USA

9. Name and Address of Current Registered Agent

KNIGHT, DEBRA F
3416 HOLLIDAY AVE
APOPKA FL 32703

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

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 ☒ DELETE

NAME
KNIGHT, DEBRA F
STREET ADDRESS
3416 HOLLIDAY AVE
CITY-ST-ZIP
APOPKA FL 32703

TITLE ☐ DELETE

NAME
KNIGHT, PATRICK J
STREET ADDRESS
3416 HOLLIDAY AVE
CITY-ST-ZIP
APOPKA FL 32703

TITLE ☐ DELETE

NAME
KNIGHT, CHESTER F
STREET ADDRESS
3416 HOLLIDAY AVE
CITY-ST-ZIP
APOPKA FL 32703

TITLE ☒ DELETE

NAME
WHEELER, JANICE M
STREET ADDRESS
3416 HOLLIDAY AVE
CITY-ST-ZIP
APOPKA FL 32703

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 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 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.

CR2E034 (4/97)