

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

0084

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 11 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000060316

1. Corporation Name

CLAIMS EDUCATION, INC.

Principal Place of Business

940 DOUGLAS AVE
SUITE 201
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 160820
ALTAMONTE SPRINGS FL 32716-0802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

59-3392108

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREY, JULIA L ESQ
LOWNDES, DROSDICK, DOSTER, KANTOR, & REED, P.A
215 NORTH EOLA DRIVE
ORLANDO FL 32801

81 Name

Theresa S. Mandigo

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

7829 Fox Knoll Place

83

84 City

Winter Park

FL

85 Zip Code

32792

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 *Theresa S. Mandigo*

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

Theresa S. Mandigo

(NOTE: Registered Agent signature required when reinstating)

04-28-00

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

QUISENBERRY, DEBBIE S

STREET ADDRESS

7829 FOX KNOLL PLACE

CITY-ST-ZIP

WINTER PARK FL

TITLE

VD

☐ DELETE

NAME

MANDIGO, THERESA S

STREET ADDRESS

214 MOSS RD

CITY-ST-ZIP

WINTER SPRINGS FL

TITLE

STD

☐ DELETE

NAME

BLAIR, KAREN

STREET ADDRESS

940 DOUGLAS AVE., #201

CITY-ST-ZIP

ALTAMONTE SPRINGS FL 32714

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

600003264276-5
-05/23/00-01121-004
****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Theresa S. Mandigo Theresa S. Mandigo 04-28-00 407-365-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 0084 (1-1-00)