

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90219 040 \*\*\*150.00

**DOCUMENT # P97000067259**

1. Corporation Name

**TEACHERZONE.COM INCORPORATED**



Principal Place of Business

**4010 CONFEDERATE POINT RD  
JACKSONVILLE FL 32210**

Mailing Address

~~4010 CONFEDERATE POINT RD~~  
~~JACKSONVILLE FL 32210~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/01/1997**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** c/o Richard Waler, Jr., CPA

**22** City & State

Suite, Apt. #, etc.

**27** P.O. Box 4497

**23** Zip Country

City & State

**28** St. Augustine, FL

**24** Zip Country

Zip

**29** 32085

Country

**30** USA

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

9. Name and Address of Current Registered Agent

**WALLER, RICHARD  
864 WHITE EAGLE CIRCLE  
ST AUGUSTINE FL 32086**

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

**P** ☐ DELETE  
**CARLSON, CARL E**  
**4010 CONFEDERATE POINT ROAD**  
**JACKSONVILLE FL 32210**

**T** ☒ DELETE  
**MILLER, DEBORAH**  
**3744 PIZARRO ROAD**  
**JACKSONVILLE FL 32217**

**S** ☒ DELETE  
**BELL, DEBRA**  
**62 FILMORE, APT. 116-B**  
**ORANGE PARK FL 62065**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D/P

☒ Change ☐ Addition

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

D/S

☐ Change ☒ Addition

**Carlson, Leda**  
**4010 Confederate Point Road**  
**Jacksonville, FL 32210**

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/99 V. P.**

Date

**904-778-4737**  
Daytime Phone #

CR2E034 (1/98)