

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # S16649

(3)

95 MAY 10 AM 10:25

1. Corporate Name

CAMBRIDGE ACADEMY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1111 SW 17 ST.
OCALA FL 34474

1111 SW 17 ST.
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1990

3a. Date of Last Report

09/20/1994

4. FET Number

59-3078295

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(3)(2),
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State: App. # 00

State: App. # 00

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISENHOUR JAMES K
1111 SW 17 STREET
OCALA FL 34474

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 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 Sections 607.01(2) and 607.1508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1. TITLE	CFOD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	ISENHOUR, JAMES K	2.1 NAME	
3. STREET ADDRESS	1111 SW 17 ST.	3.1 STREET ADDRESS	
4. CITY & STATE	OCALA FL 34474	4.1 CITY & STATE	
5. TITLE	CEOD	5.1 TITLE	☐ Change ☐ Addition
6. NAME	NAHAS, TANZEE	6.1 NAME	
7. STREET ADDRESS	1111 SW 17 ST.	7.1 STREET ADDRESS	
8. CITY & STATE	OCALA FL 34474	8.1 CITY & STATE	
9. TITLE		9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY & STATE		12.1 CITY & STATE	
13. TITLE		13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY & STATE		16.1 CITY & STATE	
17. TITLE		17.1 TITLE	☐ Change ☐ Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY & STATE		20.1 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 139.02(3)(b), 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 139, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

[Signature] CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

904 620-2717
(Tallahassee)