

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S23580** (1)

1. Corporation Name  
**FAMILY EDUCATIONAL SERVICES, INC.**



Principal Place of Business  
**703 WILLOW BROOK COURT  
LUTZ FL 33549  
US**

Mailing Address  
**703 WILLOW BROOK COURT  
LUTZ FL 33549-5631  
US**

3. Date Incorporated or Qualified  
**01/09/1991**

3a. Date of Last Report  
**08/15/1996**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**59-3048708**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23**

City & State  
**28**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, WALLACE B  
101 E KENNEDY BLVD  
SUITE 1240  
TAMPA FL 33601**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAYER, GREGORY P</b>	1.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>1703 BLIND POND AVE</b>	1.3 STREET ADDRESS	<b>703 Willow Brook CT</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	1.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAYER, DEBRA L</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>1703 BLIND POND AVE</b>	2.3 STREET ADDRESS	<b>703 Willow Brook CT</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	2.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Gregory P Strayer* **GREGORY P STRAYER** 4/23/97 (813) 949-8171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)