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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S49491

(1)

Principal Place of Business Mailing Address 8365 CORAL DRIVE 8365 CORAL DRIVE

FILED May 05 1998 8:00am Secretary of State

VICTORY LEARNING CENTER, INC. FORT MYERS FL 33912 FORT MYERS FL 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0263726 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country Country Zio 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 30 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KERSEY, DEBRA ANN 8365 CORAL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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, typod or panied name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE KERSEY, DEBRA ANN NAME 8365 CORAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33912 1.4 CITY-ST-ZIP DELETE 2.1 THILE Change ☐ Addition TITLE KERSEY, ARDEN G. III NAME 2.2 NAME 8365 CORAL DRIVE STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 2. 4 CITY - ST- 2IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition ☐ Change TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 arroad 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

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