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FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90103 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S94054**

1. Corporation Name

**CAMPBELL'S TUTORIAL, INC.**

Principal Place of Business

Mailing Address

**8050 SEMINOLE BLVD  
STE B  
SEMINOLE FL 34642  
US**

**8050 SEMINOLE BLVD  
STE B  
SEMINOLE FL 34642  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1991**

4. FEI Number

**59-3093107**

☒ 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

**21 8050 Seminole Blvd**

**26 8050 Seminole Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Ste B**

**27 Ste B**

City & State

City & State

**23 Seminole FL**

**28 Seminole FL**

Zip Country

Zip Country

**24 33772 25 US**

**29 33772 30 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, JEAN E.  
8050 SEMINOLE BLVD  
STE B  
SEMINOLE FL 34642**

81 Name

**Campbell, Jean E**

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

**8050 Seminole Blvd**

83

**Ste B**

84

**Seminole**

FL

85 Zip Code

**33772**

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 607.0509, Florida Statutes.

SIGNATURE

**Jean Campbell**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-4-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **CAMPBELL, JEAN E.**  
CITY-ST-ZIP **8050 SEMINOLE BLVD  
SEMINOLE FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**Jean Campbell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**1-4-99**

Daytime Phone #

**727 393 8799**

CR2E034 (11/98)