

**DOCUMENT # S94054**

1. Entity Name

**CAMPBELL'S TUTORIAL, INC.**

[illegible]

Principal Place of Business	Mailing Address
8050 SEMINOLD BLVD STE B SEMINOLE FL 33772 US	8050 SEMINOLE BLVD STE B SEMINOLE FL 33772-4801 US

City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>CAMPBELL, JEAN E.</b> <b>8050 SEMINOLE BLVD</b> <b>STE B</b> <b>SEMINOLE FL 33772</b>	Name
	Street Address (If different from above)
	City

7. Name and Address of New Registered Agent

O. Box Number is Not Acceptable)

FL	Zip Code
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SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible - Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D CAMPBELL, JEAN E.</b> <b>8050 SEMINOLE BLVD</b> <b>SEMINOLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jean Campbell* 1/5/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #