

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SE MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39112 (0)

1. Corporation Name

JNL EDUCATIONAL DEVELOPMENTS, INC.

Principal Place of Business

8474 HILLSBOROUGH AVE W
TAMPA FL 33615-3808
US

Mailing Address

8474 HILLSBOROUGH AVE W
TAMPA FL 33615-3808
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

05/13/1994

4. FET Number

65-0336016

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. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

LACY, JOHN
8474 HILLSBOROUGH AVE W
TAMPA FL 33615

10. Name and Address of New Registered Agent

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 of Registered Agent (Typed Name of Agent)

Signature of Registered Agent (Typed Name of Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LACY, JOHN N.
STREET ADDRESS	8474 HILLSBOROUGH AVE W
CITY, STATE, ZIP	TAMPA FL
TITLE	VPD
NAME	LACY, LORI A.
STREET ADDRESS	8474 HILLSBOROUGH AVE W
CITY, STATE, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

Date

(813) 884-9110

Telephone Number