FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V54322** **(5)**

1. Corporation Name

A - 2 - Z TRAINING, INC.

Principal Place of Business

7010 LENOX AVE.
JACKSONVILLE FL 32205
US

Mailing Address

7010 LENOX AVE.
JACKSONVILLE FL 32205
US

2. Principal Place of Business
21 7010 Lenox Avenue
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip 24 32205 Country 25 USA

2a. Mailing Address
26 7010 Lenox Avenue
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL
Zip 29 32205 Country 30 USA

3. Date Incorporated or Qualified: **07/27/1992**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-3136298** ☐ Applied For ☐ Not Applicable

5. Certification 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

9. Name and Address of Current Registered Agent

KEASLER, FRANK R JR
4655 SALISBURY RD
SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: W. Robinson Frazier
82 Street Address (P.O. Box Number is Not Acceptable): 1515 Riverside Avenue
83 Suite A
84 City: Jacksonville **FL** 85 Zip Code: 32204

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. I am changing my address and 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: W. Robinson Frazier DATE: 2/6/96

Signature of New Registered Agent — Name of New Registered Agent

OFFICERS AND DIRECTORS

12.

TITLE	ST	☐ DELETE
NAME	LUNDY, MARY ALICE	
STREET ADDRESS	7010 LENOX AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	LUNDY, JOHN R.	
STREET ADDRESS	7010 LENOX AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, complete and does not exclude, 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 12 or Block 13 if changed, or added to the report with my title or authority.

SIGNATURE: Mary Alice Lundy — 2/6/96 — 904 783 1296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Mary Alice Lundy

CR2E034 (12/95)