

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H95426

**Entity Name:** BASIC LEARNING, INC.

**Current Principal Place of Business:**

4570 SAN JOSE BLVD.  
C/O MARTHA APOL  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4570 SAN JOSE BLVD.  
C/O MARTHA APOL  
JACKSONVILLE, FL 32207 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

APOL, MARTHA L.  
4570 SAN JOSE BLVD  
JACKSONVILLE, FL 32207 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name APOL, MARTHA L  
Address 4570 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name APOL, PETER  
Address 4570 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER APOL

VP

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date