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 # K02347 (8)

1. Corporation Name

CREATIVE EDUCATORS UNLIMITED INC.

Principal Place of Business: P.O. BOX 5485, GAINESVILLE FL 32602-5485

Mailing Address: P.O. BOX 5485, GAINESVILLE FL 32602-5485

3. Date Incorporated or Qualified: 11/17/1987
3a. Date of Last Report: 06/05/1995

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 30 |

4. FEI Number: 59-2858005 — Applied For / Not Applicable [X]

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

9. Name and Address of Current Registered Agent

THOMAS, DONNA LEE
RT 3 BOX 66 (APRIL GIFT ROAD)
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: Donna Lee Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 16204 NW 92nd Terrace
83
84 City: Alachua FL 85 Zip Code: 32615

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: Donna Lee Thomas (signature) Donna Lee Thomas, President — DATE 01/31/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	THOMAS, DONNA	
STREET ADDRESS	16204 N.W. 92 TERR.	
CITY-ST-ZIP	ALACHUA FL	
TITLE	VP	☐ DELETE
NAME	LINTZ, CHARLOTTE	
STREET ADDRESS	8010 S.W. 102 AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	☐ DELETE
NAME	JONES, LINDA	
STREET ADDRESS	6000 N.W. 17TH PLACE	
CITY-ST-ZIP	GAINESVILLE 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		

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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Donna Lee Thomas (signature) President — Date 01/31/96 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Lee Thomas

CR2E034 (12/95)