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# FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1998**

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 | Mailing Address |
|---|---|
| 6000 NW 17 PLACE<br>GAINESVILLE FL 32605<br>US | 6000 NW 17 PLACE<br>GAINESVILLE FL 32605<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1987

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2858005 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ 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: LINDA R. JONES

82 Street Address (P.O. Box Number is Not Acceptable): 6000 NW 17 PL.

83: GAINESVILLE

84 City: FL **FL** 85 Zip Code: 32605

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: Linda R. Jones 1/30/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMAS, DONNA | | 1.2 NAME | | |
| STREET ADDRESS | 16204 N.W. 92 TERR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALACHUA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LINTZ, CHARLOTTE | | 2.2 NAME | | |
| STREET ADDRESS | 8828 NW 35 PLACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | JONES, LINDA | | 3.2 NAME | | |
| STREET ADDRESS | 6000 N.W. 17TH PLACE | | 3.3 STREET ADDRESS | Same address | |
| CITY-ST-ZIP | GAINESVILLE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (10/97)

14. 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 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:** Linda R. Jones SIGNATURE REQUIRED 1/30/98 352-331-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #