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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:38

DOCUMENT # **L58025** **(2)**

1. Corporation Name
MERRIDAY MONTESSORI SCHOOL, INC.

Principal Place of Business	Mailing Address
1545 BRIERCLIFF DR ORLANDO FL 32806	1545 BRIERCLIFF DR ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2992400	☐ 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 2600 E. Jackson Street Orlando Fl 32803	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

POPP, ELIZABETH O.
1545 BRIERCLIFF DR
ORLANDO FL 32806

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 Section 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: _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE: DP NAME: POPP, ELIZABETH O STREET ADDRESS: 1545 BRIERCLIFF DR CITY-ST-ZIP: ORLANDO FL	1. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ST NAME: POPP, ROGER D STREET ADDRESS: 1545 BRIERCLIFF DR CITY-ST-ZIP: ORLANDO FL	2. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
3. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information supplied with this report is true, complete and accurate; that I am executing this report in accordance with Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an arrow.

SIGNATURE: Roger Popp 1/10/95 407-894-5401
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone

0097104 CP