

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:24

DOCUMENT # S80767

(4)

1. Corporation Name

THE CHILDREN'S EXPRESS, INC.

Principal Place of Business

**15250 S US 41
SUITE G
FT. MYERS FL 33908**

Mailing Address

**15250 S US 41
SUITE G
FT. MYERS FL 33908**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

03/29/1994

4. FEI Number

65-0308842

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. 190.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, SUSAN L.
15250 S US 41
SUITE G
FT. MYERS FL 33908**

81 Name

Susan L Sandmeyer

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 provisions of, Section 607.0502, Florida Statutes.

SIGNATURE

Susan L Sandmeyer (President)

3/14/95

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PST

NAME

SHAW, SUSAN L.

STREET ADDRESS

15250 SUS 41 SUITE G

CITY - ST - ZIP

FT. MYERS FL

1.1 TITLE

1.2 NAME

Susan L Sandmeyer

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

Susan L Sandmeyer

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

231 Weeewa Dr JBW

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**VO
Douglas F Sandmeyer**

9036 Cypress Dr Sol

Ft Myers FL

TITLE

D

NAME

SHAW, SUSAN L.

STREET ADDRESS

15250 S. US 1, STE. G

CITY - ST - ZIP

FT. MYERS FL

TITLE

VD

NAME

FICHTNER, ALLAN

STREET ADDRESS

17340 SAN CARLOS BLVD., #402

CITY - ST - ZIP

FT. MYERS FL

TITLE

VD

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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)(b), 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:

Susan L Sandmeyer

3/14/95

813-441-7722

SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

Date

Telephone

APPLICATION NO. 840026

FLORIDA

580767

GROOM DATA BRIDE DATA AFFIDAVIT OF BRIDE AND GROOM	APPLICATION TO MARRY	1. GROOM'S NAME (Print, Maiden, Last) DL DOUGLAS FRANK SANDMEYER		2. DATE OF BIRTH (Month, Day, Year) 11/17/58	
		3. RESIDENCE - CITY, TOWN, OR LOCATION FORT MYERS		4. COUNTY LEE	5. STATE FL
		6. BRIDE'S NAME (Print, Maiden, Last) DL SUSAN LYNN SHAW		7. MAIDEN SURNAME (if different) FICHTNER	
		8. DATE OF BIRTH (Month, Day, Year) 5/08/64		9. BIRTHPLACE (State or Foreign Country) SC	
		10. RESIDENCE - CITY, TOWN, OR LOCATION FORT MYERS		11. COUNTY LEE	12. STATE FL
		13. BIRTHPLACE (State or Foreign Country) ACT			
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.					
14. GROOM'S SIGNATURE (Sign full name) <i>Douglas Frank Sandmeyer</i>			15. BRIDE'S SIGNATURE (Sign full name) <i>Susan Lynn Shaw</i>		
16. SUBSCRIBED AND SWORN TO BEFORE ME ON: 11/02/94			17. TITLE OF ISSUING OFFICIAL DEPUTY CLERK		
18. SIGNATURE OF ISSUING OFFICIAL <i>Susan E. Thompson</i>			19. SIGNATURE OF ISSUING OFFICIAL <i>Susan E. Thompson</i>		
20. LICENSE TO MARRY			21. CERTIFICATE OF MARRIAGE		
22. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMANIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS			23. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA		
24. DATE LICENSE ISSUED 11/02/94			25. DATE (month, day, year) 11-11-94		
26. EXPIRATION DATE 1/01/95			27. CITY OR TOWN Manatee		
28. THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			29. SIGNATURE OF PERSON PERFORMING CEREMONY <i>S. Baer</i>		
30. SIGNATURE OF PERSON ISSUING LICENSE <i>Charlie Green</i>			31. NAME OF PERSON PERFORMING CEREMONY (TYPE OR NAME) S. BAER		
32. TITLE CLERK OF CIRCUIT COURT CHARLIE GREEN			33. TITLE NOTARY		
34. COUNTY LEE			35. ADDRESS 652 R.A. ST. HALLAND		
36. DATE RETURNED 11-22-94			37. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		
38. RECORDED DA BOOK 7913200 PAGE			39. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.					
40. GROOM 41. BRIDE		42. RACE WHITE	43. NUMBER OF THIS MARRIAGE 2	44. IF PREVIOUSLY MARRIED SPECIFY 30-31 DIVORCE	45. DATE LAST MARRIAGE ENDED 01/08/88
		46. RACE WHITE	47. NUMBER OF THIS MARRIAGE 2	48. IF PREVIOUSLY MARRIED SPECIFY 34-35 DIVORCE	49. DATE LAST MARRIAGE ENDED 08/30/93

HRS Form 743, Feb 91
(Replaces Jan 89 edition which may be used)This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 840026

I, CHARLIE GREEN CLERK OF THE CIRCUIT COURT IN
AND FOR LEE COUNTY, STATE OF FLORIDA, DO HEREBY
CERTIFY, THAT THE FOREGOING IS A TRUE AND
CORRECT COPY AS FILED IN THIS OFFICE.WITNESS MY HAND AND OFFICIAL SEAL THIS
22 DAY OF Nov. A.D. 1994
BY *S. Thompson* D.C.