

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722141

**Entity Name:** AMIKIDS TAMPA, INC.

**Current Principal Place of Business:**

1730 MARITIME BLVD.  
TAMPA, FL 33605

**Current Mailing Address:**

AMIKIDS, INC.  
5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634

**FEI Number:** 23-7155996

**Certificate of Status Desired:** Yes

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

HULL, DAVID J  
SMITH, HULSEY & BUSEY  
ONE INDEPENDENT DRIVE SUITE 3300  
JACKSONVILLE, FL 32202 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 D  
Name CRISER, MARK  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605

Title C  
Name DAVIDSON, FLETCHER  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605

Title D  
Name THORNTON, MICHAEL  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title S  
Name WILSON, JAMEY  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605

Title D  
Name DAY, JUSTIN  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605

Title P  
Name DAVIS, J.B.  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605

Title VP  
Name BURKE, LEONARD  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605

Title T  
Name PYRTLE, FRANK DR.  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL THORNTON

**DIRECTOR**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name VALDES, CARLOS  
Address 1730 MARITIME BLVD.  
City-State-Zip: TAMPA FL 33605