2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2015
Secretary of State
CC6894263712

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Entity Name: AMIKIDS JACKSONVILE, INC.

Current Principal Place of Business:

AMIKIDS JACKSONVILLE, INC.
13375 BEACH BOULEVARD
JACKSONVILLE, FL 32246

Current Mailing Address:

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

FEI Number: 59-1447527

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY & BUSEY
225 WATER STREET, STE 1800
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	HULL, DAVID
Address	225 WATER STREET, STE 1800
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	LEARCH, ALAN
Address	2772 BORDEAUX COURT
City-State-Zip:	PONTE VERDE BEACH FL 32086

Title	D
Name	HARLOW, LORIE J.
Address	12301 KERNAN FOREST BLVD. #1203
City-State-Zip:	JACKSONVILLE FL 32225

Title	C
Name	CRABTREE, JOHN
Address	3874 FAIRBANKS FOREST DRIVE
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	STANDER, O.B.
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

Title	T, S
Name	MANNERS, KATEENA E.
Address	225 WATER STREET STE. 1800
City-State-Zip:	JACKSONVILLE FL 32202

Title	C
Name	CRABTREE, JOHN
Address	3874 FAIRBANKS FOREST DRIVE
City-State-Zip:	JACKSONVILLE FL 32223

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: O.B. STANDER DIRECTOR 04/27/2015

Electronic Signature of Signing Officer/Director Detail — Date