

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000097113

**FILED**  
**Feb 22, 2013**  
**Secretary of State**  
**CC6211384525**

**Entity Name:** FOX MEADOWS LEARNING CENTER INC.

**Current Principal Place of Business:**

3227 OLD JENNINGS ROAD  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

3227 OLD JENNINGS ROAD  
MIDDLEBURG, FL 32068

**FEI Number:** 59-3616139

**Certificate of Status Desired:** No

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

DINGLE, DENNIS RIII  
3227 OLD JENNINGS ROAD  
MIDDLEBURG, FL 32068 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 PD  
Name DINGLE, DENNIS RIII  
Address 4768 SADDLEHORN TRAIL  
City-State-Zip: MIDDLEBURG FL 32068

Title VSD  
Name DINGLE, GLENDA G  
Address 4768 SADDLEHORN TRAIL  
City-State-Zip: MIDDLEBURG FL 32068

Title T  
Name DINGLE, RICKIE  
Address 4768 SADDLEHORN TR  
City-State-Zip: MIDDLEBURG FL 32068

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

**SIGNATURE:** GLENDA GAYLE DINGLE

VP

02/22/2013

Electronic Signature of Signing Officer/Director Detail

Date