

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 429562 (2)

1. Corporation Name

LEARNING LABORATORIES, INC.

Principal Place of Business

2316 BRUNER LANE S E
FORT MYERS FL 33912

Mailing Address

2316 BRUNER LANE S E
FORT MYERS FL 33912



3. Date Incorporated or Qualified
06/29/1973

3a. Date of Last Report
01/30/1995

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

4. FEI Number
36-2614293

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, BROCK F
5260 S. LANDINGS DR.
APT. 1707
FT. MYERS FL 33919

81 Name

JOHNSON, BROCK F

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

16512 HERON COACH WAY

83

84 City

FT. MYERS

FL

85 Zip Code

33908

11. Pursuant to the provisions of Sections 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JOHNSON, BROCK F.
5260 S. LANDINGS DR. #1707
FT. MYERS, FL 33919

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JOHNSON, H. STANLEY JR.
2498 HARBOUR LANE
SANIBEL FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

WILSON, S. RENEE
5664 NATOMA DR.
FT. MYERS, FL 33907

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JOHNSON, NANCY B. (ASST)
2498 HARBOUR LANE
SANIBEL FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SADLER, CYNTHIA A
3411 14TH ST. S.W.
LEHIGH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE 2. 1 TITLE 3. 1 TITLE 4. 1 TITLE

JOHNSON, BROCK F
16512 HERON COACH WAY
FT MYERS, FL 33908

2. 1 TITLE 2. 1 TITLE 3. 1 TITLE 4. 1 TITLE

JOHNSON, H. STANLEY JR.
2498 HARBOUR LANE
SANIBEL FL 33957

3. 1 TITLE 3. 1 TITLE 3. 1 TITLE 3. 1 TITLE

WILSON, S. RENEE
5664 NATOMA DR.
FT MYERS, FL 33919

4. 1 TITLE 4. 1 TITLE 4. 1 TITLE 4. 1 TITLE

4. 1 TITLE 4. 1 TITLE 4. 1 TITLE 4. 1 TITLE

5. 1 TITLE 5. 1 TITLE 5. 1 TITLE 5. 1 TITLE

5. 1 TITLE 5. 1 TITLE 5. 1 TITLE 5. 1 TITLE

6. 1 TITLE 6. 1 TITLE 6. 1 TITLE 6. 1 TITLE

6. 1 TITLE 6. 1 TITLE 6. 1 TITLE 6. 1 TITLE

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

S. Renee Wilson

S. RENEE' WILSON

4/24/96

489 0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)