

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90054 036 ***150.00

DOCUMENT # 429562

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1973

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME VD
JOHNSON, BROCK F.
STREET ADDRESS 16512 HERON COACH WAY
CITY-ST-ZIP FT. MYERS, FL 33919

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PD
JOHNSON, BROCK F.
1.3 STREET ADDRESS 16512 HERON COACH WAY
1.4 CITY-ST-ZIP FT MYERS, FL 33908

TITLE ☐ DELETE
NAME D
JOHNSON, H. STANLEY JR.
STREET ADDRESS 2498 HARBOUR LANE
CITY-ST-ZIP SANIBEL FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME PD
WILSON, S. RENEE
STREET ADDRESS 5664 NATOMA DR.
CITY-ST-ZIP FT. MYERS, FL 33907

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VD
KENNORTH, JAY E.
3.3 STREET ADDRESS 15333 IONA LAKES DRIVE
3.4 CITY-ST-ZIP FT MYERS, FL 33908

TITLE ☐ DELETE
NAME S
JOHNSON, NANCY B. (ASST)
STREET ADDRESS 2498 HARBOUR LANE
CITY-ST-ZIP SANIBEL FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD
SADLER, CYNTHIA A
STREET ADDRESS 3411 14TH ST. S.W.
CITY-ST-ZIP LEHIGH FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME TD
SADLER, CYNTHIA A.
5.3 STREET ADDRESS 3311 14TH ST. S.W.
5.4 CITY-ST-ZIP LEHIGH, FL 33971

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VD
SADLER, CYNTHIA A.
6.3 STREET ADDRESS 3311 14TH ST. S.W.
6.4 CITY-ST-ZIP LEHIGH, FL 33971

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Cynthia A. Sadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)