

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 460633

(1)

1. Corporation Name

LEARNING SPACE, INC.

Principal Place of Business

5202 DAVID LANE
TEMPLE TERRACE FL 33617

Mailing Address

5202 DAVID LANE
TEMPLE TERRACE FL 33617

FILED
JAN 13 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/05/1974

3a. Date of Last Report
02/23/1994

4. FEI Number
59-1554315

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. The corporation is liable for intangible tax under § 190.072,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANATER, S GALE
5202 DAVID LANE
TEMPLE TERRACE FL 33617

81 Name

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

83

84 City

FL

85 Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the corporation's affairs as of the date hereof, and that the corporation is in compliance with the provisions of Chapter 190, Florida Statutes.

Signature

Signature of Officer or Director

Signature of Registered Agent

AT:

12. OFFICERS, DIRECTORS, AND SHAREHOLDERS

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND SHAREHOLDERS

NAME	CPT
NAME	VANATER, S. GALE
STREET ADDRESS	601 COLEBROOK COURT
CITY & STATE	LUTZ FL
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
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NAME		Change	Addition
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NAME		Change	Addition
NAME		Change	Addition
NAME		Change	Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of enclosed information with an address.

SIGNATURE:

S. GALE VANATER
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

(813) 988-5595