

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 526058

(3)

1. Corporation Name

LEARNING PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

5351 GULF DR.
P. O. BOX 1338
HOLMES BEACH FL 34218

5351 GULF DR.
P. O. BOX 1338
HOLMES BEACH FL 34218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/12/1977

3a. Date of Last Report

04/22/1994

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

29

30

4. FEI Number

59-1686365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. 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

ERICKSON, EDESL
5351 GULF DR PO BOX 1326
P. O. BOX 1338
HOLMES BEACH FL 34217

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	CEP
NAME	ERICKSON, EDESL
STREET ADDRESS	4748 INDEPENDENCE
CITY - ST - ZIP	BRADENTON FL
TITLE	TS
NAME	ERICKSON, RUTH
STREET ADDRESS	4748 INDEPENDENCE
CITY - ST - ZIP	BRADENTON FL
TITLE	D
NAME	MCEROY, ALAN
STREET ADDRESS	6438 GREEN RIDGE AVE
CITY - ST - ZIP	NEW CARLSLE OH
TITLE	D
NAME	MCCEE, WAYNE
STREET ADDRESS	4835 GULF OF MEXICO DR
CITY - ST - ZIP	LONGBOAT KEY FL
TITLE	D
NAME	FRITZ, ERICKSON
STREET ADDRESS	406 STONEGATE CT
CITY - ST - ZIP	MILLERSVILLE PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(d), 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.

SIGNATURE:

Ruth Erickson *Ruth Erickson* 4/24/95 813 778-6651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #