

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 687834 (2)

1. Corporation Name  
KIDDIE CASTLE, INC.

Principal Place of Business

3200 LAKE CENTER DRIVE  
MT. DORA FL 32757  
US

Mailing Address

P.O. BOX 699  
P.O. BOX 1005  
MT. DORA FL 32757-1005  
US



2. Principal Place of Business

21 3200 Lake Center Dr.  
Suite, Apt. #, etc.

22 City & State  
Mt Dora FL

23 Zip  
32757

25 Country  
Lake

2a. Mailing Address

26 P.O. Box 699  
Suite, Apt. #, etc.

27 City & State  
Mt Dora FL

29 Zip  
32757

30 Country  
Lake

3. Date Incorporated or Qualified

09/16/1980

3a. Date of Last Report

04/15/1996

4. FEI Number

58-2083863

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

POTTER, DEL G.  
308 EAST FIFTH AVENUE  
MOUNT DORA FL

10. Name and Address of New Registered Agent

81 Name ~~Potter Del G.~~  
82 Street Address (P.O. Box Number is Not Acceptable) ~~308 E. Fifth Ave~~  
83 ~~FL~~  
84 City ~~Mt Dora~~  
85 Zip Code ~~32757~~

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 687.0505, 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	DELETE
OP	TSCHIDA, GERALDINE A.	3200 LAKE CENTER DR	MOUNT DORA, FLORIDA 00000	<input type="checkbox"/>
O	TSCHIDA, WILLIAM R	3200 LAKE CENTER DR	MOUNT DORA, FLORIDA 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

Geraldine A. Tschida  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 382-383-6085  
Date Daytime Phone

CR2E034 (9/96)