FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757824** **(8)**

1. Corporation Name
PRE-SCHOOL EXPERIENCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1665 25TH AVE. N. ST. PETESBURG FL 33713-4443	1665 25TH AVE. N. ST. PETESBURG FL 33713-4443

3. Date Incorporated or Qualified: 04/30/1981
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-0641386 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25: Pinellas	Zip 29 / Country 30: Pinellas	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PFEIFFER, DEE
11502-7TH LANE NORTH
#1402
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: Tarleton, Donna
82 Street Address (P.O. Box Number is Not Acceptable): 8701 Blind Pass Road
83:
84 City: St. Petersburg Beach FL 85 Zip Code: 33706

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: Donna Tarleton — 1/25/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIESSEL, JACK 1709 OXFORD ST. NO. ST PETERSBURG FL 33710	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D KEARNEY, STEVE 2226-7TH AVE. NO. ST PETERSBURG FL 33713	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS D PFEIFFER, DEE 11502-7TH LANE NO. #1402 ST. PETERSBURG FL 33713	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☒ Change ☐ Addition Treasurer TARLETON, DONNA 8701 Blind Pass Road St. Petersburg Beach, FL. 33706
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D SIMON, RAOUL 925-15TH AVE. NO. ST. PETERSBURG FL 33704	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D LAMBDON, JUDY 1326-17TH AVE. NO. ST. PETERSBURG FL 33704	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☒ Change ☐ Addition Secretary LAMBDON, JUDY 1326 17th Ave, No. St. Petersburg, FL. 33704
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SITES, BRENDA 6443-78 AVE. NO. PINELLAS PARK FL 34665	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☒ Change ☐ Addition Director MOORE, MARCI 9265 80th Avenue North Seminole, FL. 34647

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marci D Moore — 1-13-95 — (813) 595-2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068333