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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 757824 (8)

1. Corporation Name
PRE-SCHOOL EXPERIENCE, INC.

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

3. Date Incorporated or Qualified: 04/30/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-0641386 ☐ 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

TARLETON, DONNA
8701 BLIND PASS RD
#1402
ST PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name: SIMON, RAOUL
82 Street Address (P.O. Box Number is Not Acceptable): 925 15th Ave. No.
83: 33704
84 City: St. Petersburg, FL 85 Zip Code: 33704

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Raoul H. Simon — RAOUL H. SIMON — Raoul H. Simon — 2/26/97
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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIESSEL, JACK		1.2 NAME	
STREET ADDRESS	1709 OXFORD ST. NO.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANZEK, JANET		2.2 NAME	
STREET ADDRESS	902 JUNGLE AVE N		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TARLETON, DONNA		3.2 NAME	
STREET ADDRESS	8701 BLIND PASS RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, RAOUL		4.2 NAME	
STREET ADDRESS	925-15TH AVE. NO.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LAMBDON, JUDY		5.2 NAME	
STREET ADDRESS	1326 17TH AVE NO.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROLLINS, LINDA		6.2 NAME	
STREET ADDRESS	4646 16TH AVE N		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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

SIGNATURE: Linda Rollins — Linda Rollins, Ex. Director — 2/25/97 — (813) 895-2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050997