

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000004574 (0)

1. Corporation Name

LEARNING SKILLS, INCORPORATED

Principal Place of Business

Mailing Address

10915 BONITA BCH RD.
SUITE 2144
BONITA SPRINGS FL 34135
US

10915 BONITA BCH. RD.
SUITE 2144
BONITA SPRINGS FL 33923
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

4. FEI Number

03-0219176

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

34135

30

9. Name and Address of Current Registered Agent

BRIGHAM, PETER B
26340 HICKORY BLVD., APT. 401
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code
34134

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

TITLE CP ☐ DELETE

NAME BRIGHAM, PETER B
STREET ADDRESS 26340 HICKORY BLVD., APT. 401
CITY-ST-ZIP BONITA SPRINGS FL

TITLE DV ☐ DELETE

NAME FLEISCHNER, LEWIS
STREET ADDRESS 89 S. EAST ST.
CITY-ST-ZIP AMHERST MA 01002

TITLE VP ☐ DELETE

NAME BRIGHAM, HILLARY
STREET ADDRESS 145 AVENUE EAST
CITY-ST-ZIP APALACHICOLA FL

TITLE ST ☐ DELETE

NAME KINGSTON, PATRICIA
STREET ADDRESS 86 PARSONS ST.
CITY-ST-ZIP NORTHAMPTON MA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☒ Change ☐ Addition

1.2 NAME Brigham, Peter B.
1.3 STREET ADDRESS 26340 Hickory Blvd., Apt. 401
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

2.1 TITLE CP ☒ Change ☐ Addition

2.2 NAME Fleischner, Lewis
2.3 STREET ADDRESS 89 S. East Street
2.4 CITY-ST-ZIP Amherst, MA 01002

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Kingston, Patricia
4.3 STREET ADDRESS 86 Parsons St.
4.4 CITY-ST-ZIP Northampton, MA 01060

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 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

[Signature]

PT 3 13:14

1/13/95

000 000 000 000

CR2E034 (10/97)