FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 20 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/95--01043--020
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # G50515

1. Corporation Name
Hansel + Gretel Pre-school and DayCare Inc.

Principal Place of Business	Mailing Address
1422 Virginia Ave St. Cloud, Fl 34769	Same

3. Date Incorporated or Qualified: 07/20/1983
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address
21 1422 Virginia Ave	26 1422 Virginia Ave
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 St. Cloud Florida	City & State 28 St. Cloud Florida
Zip / Country 24 34769 / 25 Osceola	Zip / Country 29 34769 / 30 Osceola

4. FEI Number: 59-2310338 ☐ 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	10. Name and Address of New Registered Agent
Ruppel, Jeffery 7242 Woodville Crescent Orlando, Fl 32819	81 Name: Mallorie Ruppel 82 Street Address (P.O. Box Number is Not Acceptable): 9113 Pinnacle Circle 83 84 City: Windermere FL 85 Zip Code: 34786

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: Mallorie Ruppel — Mallorie Ruppel — 5/19/95
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	President	11 TITLE	Vice President	☒ Change ☐ Addition
NAME	Jeffery M. Ruppel	12 NAME	Jeffery M Ruppel	
STREET ADDRESS	7242 Woodville Crescent	13 STREET ADDRESS	9113 Pinnacle Circle	
CITY ST ZIP	Orlando Fl 32819	14 CITY ST ZIP	Windermere Fl 34786	
TITLE	S/T	21 TITLE	President / Sec / Treas	☒ Change ☐ Addition
NAME	Mallorie C. Ruppel	22 NAME	Mallorie C Ruppel	
STREET ADDRESS	7242 Woodville Crescent	23 STREET ADDRESS	9113 Pinnacle Circle	
CITY ST ZIP	Orlando, Fl 32819	24 CITY ST ZIP	Windermere Fl 34786	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

6/20

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)(k), 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: Mallorie Ruppel — 5/19/95 — 892-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #