

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:28

DOCUMENT # H89913

(8)

1. Corporation Name

BIG RED APPLE PRE-SCHOOL, INC.

Principal Place of Business

% NORELLA F. HOSTETLER
905 S. COURTENAY PKWY
MERRITT ISLAND FL 32952

Mailing Address

% NORELLA F. HOSTETLER
905 S. COURTENAY PKWY
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1985

3a. Date of Last Report

01/19/1994

4. FEI Number

59-2605643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HOSTETLER, NORELLA F.
905 S. COURTENAY PKWY
MERRITT ISLAND FL 32952

81 Name

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

83

84 City

FL

85 Zip Code

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 of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOSTETLER, NORELLA F.
STREET ADDRESS 650 ALASKA RD.
CITY, ST, ZIP MERRITT ISLAND FL

TITLE V
NAME SCHWINGHAMMER, LIA
STREET ADDRESS 650 ALASKA ROAD
CITY, ST, ZIP MERRITT ISLAND FL

TITLE RS
NAME CRITCHFIELD, HEIDI
STREET ADDRESS 3535 MONTGOMERY ROAD
CITY, ST, ZIP MIMS FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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 my address.

SIGNATURE: NORELLA F. HOSTETLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILER OR DIRECTOR

3/24/95 407-453-6679
Date
Telephone Number