

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED

①

97 AUG 13 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J29083**

**(9)**

1. Corporation Name

**LEARNING ASSOCIATES, INC.**

Principal Place of Business

**% EILEEN SNIDER  
29250 US 19 N LOT 202  
CLEARWATER FL 34621  
US**

Mailing Address

**1105 NASHVILLE AVE  
NEW ORLEANS LA 70115  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/15/1986**

3a. Date of Last Report

**04/15/1986**

2. Principal Place of Business

**21 700 MEASE PLAZA**

Suite, Apt. #, etc.

**22 Apt # 502**

City & State

**23 DUNEDIN FL**

Zip

**24 34698**

Country

**25 USA**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**59-2718549**

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

9. Name and Address of Current Registered Agent

**SNIDER, WILLIAM E  
29250 US 19 N LOT 202  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

**81 Name WILLIAM E. SNIDER**

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

**700 MEASE PLAZA**

**83 Apt 502**

**84 City DUNEDIN**

**FL**

**85 Zip Code 34698**

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 ☐ DELETE

**NAME PD  
STREET ADDRESS SNIDER, EILEEN  
1414 KINGSLEY AVE  
CITY-ST-ZIP ORANGE PARK FL**

TITLE ☐ DELETE

**NAME VST  
STREET ADDRESS SNIDER, STEPHEN A.  
1414 KINGSLEY AVE  
CITY-ST-ZIP ORANGE PARK FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

**300002268913--4**

**-08/15/97--01113--018**

**\*\*\*\*165.00 \*\*\*\*165.00**

**52**

**8-15-97**

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

SIGNATURE

**SIGNATURE REQUIRED**

**8-4-97**

**504 568 1010**

CP2E034 (4/97)

2

August 8, 1997

Florida Department of State  
Annual Reports Section  
Post Office Box 6327  
Tallahassee, FL 32514

Gentlemen:

I have enclosed the completed 1997 Corporation Annual Report and our check #5038 in the amount of \$165.00 in payment of the fee.

We do not have record of receiving a first notice so after a discussion with your office, we have proceeded as indicated above.

Sincerely,



Stephen A. Snider  
Learning Associates, Inc.