

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90107 009 ***150.00

DOCUMENT # J32263

Corporation Name
BRANDON LEARNING CENTERS, INC.

Principal Place of Business

1 W. LUMSDEN ROAD
OAK PARK PLAZA
BRANDON FL 33511

Mailing Address

711 W. LUMSDEN ROAD
OAK PARK PLAZA
BRANDON FL 33511
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1986

4. FEI Number

59-2729431

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

Country

28 Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

FREEDMAN, RANDY
711 W. LUMSDEN ROAD
BRANDON FL 33511

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

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 reinstalling)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE PD
ME FREEDMAN, RANDY
REET ADDRESS 4702 KINROSS ST.
Y-ST-ZIP VALRICO FL

☐ DELETE

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

☐ Change ☐ Addition

LE V
ME BOWES, LYNDA
REET ADDRESS 8522 FISHERMANS POINT DR.
Y-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

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

☐ Change ☐ Addition

LE
ME
REET ADDRESS
Y-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

LE
ME
REET ADDRESS
Y-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

LE
ME
REET ADDRESS
Y-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

LE
ME
REET ADDRESS
Y-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Lynda Bowes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynda Bowes - Director

Date

1-29-99 (813) 684-2400

Daytime Phone #

CR2E034 (11/98)