FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J84357** **(9)**

1. Corporation Name
LEARNING NEST, INC.

Principal Place of Business
1088 BARBER ST
SEBASTIAN FL 32958

Mailing Address
1088 BARBER ST
SEBASTIAN FL 32958

3. Date Incorporated or Qualified: **07/27/1987**
3a. Date of Last Report: **06/22/1995**
4. FEI Number: **59-2847463** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
HENDERSON, STEVE L.
817 BEACHLAND BOULEVARD
VERO BEACH FL 32964-3406

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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LUNDELL, DAVID	
STREET ADDRESS	1140 49TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	☐ DELETE
NAME	ANDREWS, MARLEEN	
STREET ADDRESS	209 PERWINKLE DR.	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	SD	☐ DELETE
NAME	LUNDELL, PATRICIA	
STREET ADDRESS	1140 49TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	☐ DELETE
NAME	ANDREWS, MERVIN	
STREET ADDRESS	209 PERWINKLE DR.	
CITY-ST-ZIP	SEBASTIAN FL	
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

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

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)(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: David Lundell DAVID Lundell 3/22/96 407 589 3283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)