1-19-95 B-142-C

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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:30

DOCUMENT # K32255 (7)

1. Corporation Name
MISS JEAN'S EARLY LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
2275 E. JOHNSON AVE PENSACOLA FL 32514	2275 E. JOHNSON AVE PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1988
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2906447 [ ] 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**

BROOKS, JAMES HARVEY, SR
8120 RIDGEFIELD RD
PENSACOLA FL 32514

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 the 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROOKS, JEAN LEE
STREET ADDRESS	8120 RIDGEFIELD RD
CITY ST ZIP	PENSACOLA FL
TITLE	VST
NAME	BROOKS, JAMES HARVEY
STREET ADDRESS	8120 RIDGEFIELD RD
CITY ST ZIP	PENSACOLA FL
TITLE	VD
NAME	NUNAMAKER, KAREN ANN
STREET ADDRESS	3042-G WHISPER LAKE LANE
CITY ST ZIP	WINTER PARK 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

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		[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	2225-B ALABAMA DRIVE	
3.4 CITY ST ZIP	GREAT LAKES, IL. 60088	
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		

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(1)(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: [signature] JAMES H BROOKS, Sr. VICE-PRESIDENT 1-13-95 904-479-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380704 CP