

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 # L06984

(3)

1. Corporation Name

WEE WISDOM PLAY SKOOL, INC.



Principal Place of Business

% MARTHA C. KELLEY
415 VERB STREET
FT. WALTON BEACH FL 32547

Mailing Address

% MARTHA C. KELLEY
415 VERB STREET
FT. WALTON BEACH FL 32547

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2960747

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

2. Principal Place of Business

21. Michelle Ritchie

Suite, Apt. #, etc.

22. 415 Verb St.

City & State

23. Ft. Walton Beach, FL

Zip

24. 32547

Country

25. US

2a. Mailing Address

26. % Michelle Ritchie

Suite, Apt. #, etc.

27. 415 Verb St.

City & State

28. Ft. Walton Beach, FL

Zip

29. 32547

Country

30. US

9. Name and Address of Current Registered Agent

KELLEY, MARTHA C.
415 VERB STREET
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81. Name Ritchie, Michelle R.

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

415 Verb St.

83. ~~Ft. Walton Beach, FL 32547~~

84. City Ft. Walton Beach, FL

85. Zip Code 32547

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 Michelle R. Ritchie

Michelle R. Ritchie

1/25/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME KELLEY, MARTHA C.
STREET ADDRESS 415 VERB STREET
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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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 D ☒ Change ☐ Addition
12 NAME Ritchie, Michelle R.
13 STREET ADDRESS 415 Verb St.
14 CITY-ST-ZIP Ft. Walton Beach, FL 32547

2. 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 an address.

SIGNATURE: Michelle R. Ritchie Michelle R. Ritchie 1/25/96 (904) 882-8601 x406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)