

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L30727 (6)

1. Corporation Name

CHILDREN'S CENTRE BUILDING, INC.

Principal Place of Business

Mailing Address

**9350 CAMELOT DR
FT MYERS FL 33919**

**9350 CAMELOT DR
FT MYERS FL 33919**



3. Date Incorporated or Qualified
11/16/1989

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0154510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUEEN, CATHY
9350 CAMELOT DR
FT. MYERS FL 33919**

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

Signature typed or printed (Name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

(L-All)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **GUTTERY, E. G., III**
CITY - ST - ZIP **9350 CAMELOT DR
FT. MYERS FL**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **LEAKE, HUNTER C., III**
CITY - ST - ZIP **9350 CAMELOT DR
FT. MYERS FL**

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **SEITZ, THOMAS L.**
CITY - ST - ZIP **9350 CAMELOT DR
FT. MYERS FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RITROSKY, JOHN, JR.**
CITY - ST - ZIP **9350 CAMELOT DR
FT. MYERS FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BARTLETT, JOHN W.**
CITY - ST - ZIP **9350 CAMELOT DR
FT. MYERS FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MON, MANUEL J.**
CITY - ST - ZIP **9350 CAMELOT DR
FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Guttery, E. G., III**
1.4 CITY - ST - ZIP **9350 Camelot Dr
Ft Myers, FL 33909**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Leake, Hunter, C. III**
2.4 CITY - ST - ZIP **9350 Camelot Dr
Ft Myers, FL 33919**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Seitz, Thomas L.**
3.4 CITY - ST - ZIP **9350 Camelot Dr
Ft Myers, FL 33919**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **A**
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(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Manuel J. Mon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96

941-481-8320

Date

Daytime Phone

CR2E034 (3/96)