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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L56997** **(4)**

1. Corporation Name

LITTLE EXECUTIVES EARLY LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
330 NORTH MARKET STREET JACKSONVILLLE FL 32202	330 NORTH MARKET STREET JACKSONVILLLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/14/1990**	3a. Date of Last Report: **07/06/1994**
4. FEI Number: **59-2999523**	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

MORROW, GWENDOLYN L.
330 NORTH MARKET STREET
JACKSONVILLE FL 32202

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
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	☐ Change ☐ Addition
NAME	JANES, ROBERT S.	12 NAME	
STREET ADDRESS	2752 SAFESHELTER DR W	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	DPT	21 TITLE	☐ Change ☐ Addition
NAME	MORROW, GWENDOLYN L.	22 NAME	
STREET ADDRESS	6114 KELLOW DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, PHYLLIS	32 NAME	
STREET ADDRESS	5084 LOSCO RD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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, added or deleted.

SIGNATURE: Robert S. Janes 4/18/95 (904)928-9475
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016081 CP