

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L81614

1. Corporation Name

WEE WUNS PRIMARY PREPARATORY AND DEVELOPMENTAL L
EARNING CENTER, INCORPORATED

Principal Place of Business

503 S. 32ND ST.
FT. PIERCE FL 34950

Mailing Address

503 S. 32ND ST.
FT. PIERCE FL 34950

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90072 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1990

4. FEI Number

65-0207639

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 owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

SUGGS, CHERYL FLETCHER
503 S. 32ND ST.
FT. PIERCE FL 34950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SUGGS, CHERYL FLETCHER
STREET ADDRESS
3206 HIBISCUS AVE.
CITY-ST-ZIP
FT. PIERCE FL

TITLE ☐ DELETE

NAME
D FLETCHER, SARA R.
STREET ADDRESS
2101 AVENUE G
CITY-ST-ZIP
FT. PIERCE FL

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
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

1553 PNEASANT WALK - B
FT. PIERCE, FLA. 34950

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/99 561-467-4245

CR2E034 (1/98)