STREET ADDRESS

SIGNATUR

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 08 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M65288 (6)PICKETT CHILD DEVELOPMENT CENTER, INC. Principal Place of Business Mailing Address 2050 PROVIDENCE RD. 2050 PROVIDENCE RD. 631 W 10TH ST. LAKELAND FL 33805 DO NOT WRITE IN THIS SPACE LAKELAND FL 33805 3. Date Incorporated or Qualified 01/20/1988 2a, Mailing Address 2. Principal Place of Business Applied For 21 26 59-2878305 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EDGAR, PICKETT T 2050 PROVIDENCE ROAD Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33805 83 84 City 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 alignature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE PD Change NAME PICKETT, EDGAR T., JR. 1.2 NAME STREET ADDRESS 604 WHITEHURST ST. 1.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE VSD 2.2 NAME NAME PICKETT, LENA S. 604 WHITEHURST ST. 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CitY-ST-ZiP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIF DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4/28/18 241-682-6920

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 [Legangard, or on an autro-thing) with an address.