

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90075 049 \*\*\*150.00

DOCUMENT # M72535

1. Corporation Name

MY SCHOOL LEARNING CENTER, INC.

Principal Place of Business

606 S.W. 36TH ST.  
PALM CITY FL 34990

Mailing Address

606 S.W. 36TH ST.  
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1988

4. FEI Number

65-0034086

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 320 FLORIDA STREET

Suite, Apt. #, etc.

City & State

23 STUART FL

Zip

24 34994

Country

25 MARTIN

2a. Mailing Address

26 320 FLORIDA STREET

Suite, Apt. #, etc.

City & State

28 STUART FL

Zip

29 34994

Country

30 MARTIN

9. Name and Address of Current Registered Agent

HAYDEN, NANCY MACE  
750 TANGLEWOOD TRAIL  
STUART FL 34997

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 VP ☐ DELETE

NAME GARRAMORE, ROGER A  
STREET ADDRESS 3942 SE FAIRWAY W  
CITY-ST-ZIP STUART FL 34997

TITLE VPS ☐ DELETE

NAME GARRAMORE, ELAINE A.  
STREET ADDRESS 2940 SE FAIRWAY W  
CITY-ST-ZIP STUART FL 34997

TITLE T ☐ DELETE

NAME HAYDEN, FRANK E.  
STREET ADDRESS 750 TANGLEWOOD TRAIL  
CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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

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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

561-288-6873

Daytime Phone #

0619306

CP25034 (11/98)