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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

THE GOLDEN BOOK PRE-SCHOOL, INC.

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FILED

Apr 01 1998 8:00am

Secretary of State

ncipal Place of Business	Mailing Address	
123 ELIZA DRIVE	3123 ELIZA DRIVE	

Principal Place of Business Mailing Address			1 SOCTEOU 311 10011 10005 OTHER BROWN BIRTH BEST DESIGNATION OF STATE OF ST							
3123 ELIZA I	DRIVE		3123 ELIZA DE	RIVE						
Tallahasse	E FL 32308		TALLAHASSEE	FL 32308			DO NOT WRITE IN	TUIC COACE		
							3. Date Incorporated or Qualified	THIS SPACE		
							04/22/1988		Į	
2. Principal P	lace of Business		2a. Mailing Add	ress			4. FEI Number		Applied For	
21			26				59-2854117		Not Applicable	
Suite, Apt	#, etc.		Suite, Apt. #	, etc.				60 75	Additional	
22			27				5. Certificate of Status Desired	Fee F	Required	
City & State			City & State				8. Election Campaign Financing	\$5.00	О Мау Ве	
23			28				Trust Fund Contribution	Added	d to Fees	
Zip	Cou	intry	Zıp		Country		8. This corporation owes or has paid the			
24	[25]	· _ ···································	29	30	l		Personal Property Tax due June 30.		□ No	
		dress of Current F	Registered Agent		B1	Name	10. Name and Address of New Regist	ered Agent		
	ood, pamela v					Name				
	08 LAWNDALE RO				62	62 Street Address (P.O. Box Number is Not Acceptable)				
TA	LLAHASSEE FL 3	2308			-					
					63					
					64	City		85 Zip	Code	
					لبب	<u> </u>				
office or r	to the provisions of S egistered agent, or t	sections 607.0502 a soth, in the State of	and 607,1508, Flori Florida. Such char	ida Statutes, t nge was auth	ine above orized by	the corp	corporation submits this statement for the purp oration's board of directors. I hereby accept th	ose or changing le appointment a	its registered	
agent. I a	m familiar with, and a	accept the obligation	ons of, Section 607	.0505, Florida	a Statutes	ì. `	,		~	
SIGNATURE	Signature, typed or printed i			DIOYE, D.			regulaed when reinstaling) [DATE		
12.	Signature, typed or printed i	OFFICERS AND I		(NOTE: FRE	13.	nii signaturo r	ADDITIONS/CHANGES TO OFFICER		DRS IN 12	
TITLE	D	C// IDE/ID/III		ELETE	1.1 TITLE	T	, 100 (110) (10) (11 W 1020) (10 0) (10 0)	☐ Change		
NAME	WOOD, PAME	LA V			1.2 NAME	1				
STREET ADDRESS	1208 LAWNDA				1.3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE				1.4 CITY - S					
TITLE	Б		D	ELETE	2.1 TITLE	-		Change	☐ Addition	
NAME	WOOD, CARM	AN SCOTT			2.2 NAME	1				
STREET ADDRESS	1208 LAWNDA	LE ROAD			2.3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE				2. 4 CITY-S	ST-ZIP				
TITLE			□ D	ELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME					3.2 NAME				1	
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP					3.4. CITY - S	ST-ZIP				
TITLE			D	ELETE	4.1 TITLE		·	☐ Change	☐ Addition	
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY-S	T- ZIP				
TITLE				ELETE	5.1 TITLE			☐ Change	- Addition	
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY-S	T- 21P				
TITLE				ELETE	6.1 TITLE			Change	Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY-ST-ZIP					6.4 CITY-S	T-ZIP				
	118 11 1 1 1									

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this armual report of 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 in changed, or in an attachment with an address.