PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M77508

THE GOLDEN BOOK PRE-SCHOOL, INC.

Principal Place of Business
3123 ELIZA DRIVE
TALLAHASSEE FL 32308

Mailing Address

3123 ELIZA DRIVE TALLAHASSEE FL 3230

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90177 042 \*\*\*150.00



		DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 04/22/1988	,		
2a. Mailing Address	-	4. FEI Number	Applied For		
26		59-2854117	Not Applicable		
Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Co. 30	untry	This corporation owes the current year I     Personal Property Tax.	ntangible □Yes □No		
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
		ess (P.O. Box Number is Not Acceptable)			
	26 Suite, Apt. #, etc. 27 City & State 28 Zip Cot 29 30	26     Suite, Apt. #, etc. 27     City & State     28     Zip	2a. Mailing Address  2b. Suite, Apt. #, etc.  27		

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  NOTE: Received Annu signature when reinstation)  DATE						
Signature, typed or printed name or registered agent and one in expirations.						
·12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE	Parriela V. Wood - Dictange Addition			
NAME	WOOD, PAMELA V	1.2 NAME	2883 thornton Rd.			
STREET ADDRESS	1208 LAWNDALE ROAD	1.3 STREET ADDRESS	Tallahassee Fla, 32308			
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP				
TITLE	D DELETE	2.1 TITLE	" ☐ Change ☐ Addition			
NAME	WOOD, CARMAN SCOTT	2.2 NAME				
STREET ADDRESS	1208 LAWNDALE ROAD	2.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	- Change - Addition			
NAME		32 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-Zi₽		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		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						

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 informatio indicated on this agrual 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 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

9-8-47

Daytime Phone #

R2E034 (11/98)

Zip Code

85