FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:15

DOCUMENT # M94309 (5)

1. Corporation Name
FIRST CLASS KIDS, INC.

Principal Place of Business
P.O. BOX 1157 ← 1110
WOODVILLE FL 32362

Mailing Address
P.O. BOX 1157 ← 1110
WOODVILLE FL 32362

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1988
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 P.O. Box 1110
22 State, Apt. #, etc.
23 City & State: Woodville, FL
24 Zip: 32362
25 Country: Leon

2a. Mailing Address
26 P.O. Box 1110
27 Suite, Apt. #, etc.
28 City & State: Woodville, FL
29 Zip: 32362
30 Country: Leon

4. FEI Number: 59-2903710 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKENZIE, GEORGE F.
10223 WOODVILLE HWY
WOODVILLE FL 32362

10. Name and Address of New Registered Agent

01 Name: McKenzie, LaVerne
02 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 1110
03 10223 Woodville Hwy (10823)
04 City: Woodville FL 05 Zip Code: 32362

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: LaVerne McKenzie — LaVerne McKenzie — 1-20-95
(Signature of current or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	1.1 TITLE	DP, DST	☑ Change ☐ Addition
NAME	MCKENZIE, LAVERNE	1.2 NAME	McKenzie, LaVerne	
STREET ADDRESS	P.O. BOX 309 N/A	1.3 STREET ADDRESS	P.O. Box 309	
CITY-ST-ZIP	WOODVILLE FL	1.4 CITY-ST-ZIP	Woodville, FL 32362	
TITLE	DP	2.1 TITLE		☑ Change ☐ Addition
NAME	MCKENZIE, GEORGE F.	2.2 NAME	McKenzie, George F.	
STREET ADDRESS	P.O. BOX 309 N/A	2.3 STREET ADDRESS	CANCEL	
CITY-ST-ZIP	WOODVILLE FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: LaVerne McKenzie — LaVerne McKenzie — 1-20-95 — 904-421-5437
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0410060 FP