FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M94309** **(5)**

1. Corporation Name

FIRST CLASS KIDS, INC.

Principal Place of Business	Mailing Address
PO BOX 1110 WOODVILLE FL 32362 US	PO BOX 1110 WOODVILLE FL 32362 US

3. Date Incorporated or Qualified: 08/15/1988	3a. Date of Last Report: 01/26/1995
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Woodville, FL	City & State: 28 Woodville, FL
Zip: 24 32362 Country: 25 Leon	Zip: 29 32362 Country: 30 Leon

9. Name and Address of Current Registered Agent

~~MCKENZIE, GEORGE F.~~ LaVerne McKenzie
PO BOX 1110
10223 WOODVILLE HIGHWAY
WOODVILLE FL 32362

10. Name and Address of New Registered Agent

81 Name: McKenzie, Eva (LaVerne)
82 Street Address (P.O. Box Number is Not Acceptable): 10223 Woodville Highway
83
84 City: Woodville FL 85 Zip Code: 32362

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Eva LaVerne McKenzie Owner-Operator DATE: 2-8-96

12. OFFICERS AND DIRECTORS

TITLE: DPST
NAME: MCKENZIE, LAVERNE
STREET ADDRESS: P.O. BOX 309 N/A
CITY-ST-ZIP: WOODVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: Eva LaVerne McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 DATE 1-904-421-5437 DAYTIME PHONE #

CR2E034 (12/95)