FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 16 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08202 (6)

1. Corporation Name
KID'S WORLD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 239 LEHIGH ACRES FL 33970	P.O. BOX 239 LEHIGH ACRES FL 33970

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-1361115 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 11 Beth Stacy Blvd.	2a. Mailing Address 26 as above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lehigh Acres, Florida	City & State 28
Zip / Country 24 33936 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

RICE, VERNA LEA
204 NORTH 8TH AVE.
LEHIGH ACRES FL 33936

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	TUCKER, CAROL	1.2 NAME	Ron Rice
STREET ADDRESS	708 EIGHTH AVE.	1.3 STREET ADDRESS	204 North 8th Ave.,
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Lehigh Acres, Florida 33936
TITLE	SD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	CIOLINO, DEBORAH	2.2 NAME	Jayne Tuller
STREET ADDRESS	805 E. 11TH ST	2.3 STREET ADDRESS	305 E. Bougainvillea Road
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	Lehigh Acres, Florida 33936
TITLE	TD	3.1 TITLE	T.D. ☒ Change ☐ Addition
NAME	RICE, RON	3.2 NAME	Carl Harsh
STREET ADDRESS	204 N. EIGHTH AVE.	3.3 STREET ADDRESS	1408 McKinley Avenue
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	Lehigh Acres, Florida 33936
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Rice 2/15/95 813-369-2220
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0061832