

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000004837 (1)**

1. Corporation Name

**KIDSPEED, INC.**



Principal Place of Business

**5202 E. BUSCH BLVD.  
TAMPA FL 33617**

Mailing Address

**5202 E. BUSCH BLVD.  
TAMPA FL 33617**

3. Date Incorporated or Qualified

**10/26/1993**

3a. Date of Last Report

**06/22/1995**

4. FEI Number

**59-3186979**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MEUMAIER, MARK A ESO  
217 BULLARD PKWY  
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name  
**Michael W. Shreeve, D.C.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5202 E. Busch Blvd.**

83

84 City  
**Tampa,**

FL 85 Zip Code  
**33617**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-8-96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
SHREEVE, MICHAEL W DC  
5202 E. BUSCH BLVD.  
TAMPA FL 33617**

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
SHREEVE, DAWN  
10905 THERESA ARBOR DR.  
TAMPA FL 33617**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SHOOK, WILLIAM B  
3917 EDEN ROCK CIRCLE EAST  
TAMPA FL 33634**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
KAST, ELLEN  
3917 EDEN ROCK CIRCLE EAST  
TAMPA FL 33634**

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BERKOWITZ, HERB  
4809 E. BUSCH BLVD.  
TAMPA FL 33617**

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
WALKER, RICHARD  
2409 S. MACDILL AVE.  
TAMPA FL 33629**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

DT

**JOHNSON, DONNA  
8314 IBERIA PLACE  
TAMPA, FL 33637**

**500001829083  
-05/20/96--01040--014  
\*\*\*\$61.25**

D

**MOORE, JACK  
221 W. THOMAS STREET  
TAMPA, FL 33604**

D

**KIT LAVELY  
11820A RAINTREE LK LN  
TAMPA, FL 33617**

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)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-11-96 813-985-9191**

CR2E037 (12/95)