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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000004837 (1)**

1. Corporation Name

KIDSPEED, INC.

Principal Place of Business

Mailing Address

**5202 E. BUSCH BLVD.
TAMPA FL 33617****5202 E. BUSCH BLVD.
TAMPA FL 33617-5404**3. Date Incorporated or Qualified
10/26/19933a. Date of Last Report
05/19/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

59-3186979

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

10. Name and Address of New Registered Agent

**SHREEVE, MICHAEL W.
5202 E. BUSCH BLVD.
TAMPA FL 33617****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 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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHREEVE, MICHAEL W DC	
STREET ADDRESS	5202 E. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33617	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DONNA	
STREET ADDRESS	8314 IBERIA PLACE	
CITY-ST-ZIP	TAMPA FL 33637	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOOK, WILLIAM B	
STREET ADDRESS	3917 EDEN ROCK CIRCLE EAST	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KAST, ELLEN	
STREET ADDRESS	3917 EDEN ROCK CIRCLE EAST	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, JACK	
STREET ADDRESS	221 W. THOMAS ST.	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAVELY, KIT	
STREET ADDRESS	11820-A RAIN TREE LAKE LANE	
CITY-ST-ZIP	TAMPA FL 33617	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DT
2.3 STREET ADDRESS	SHREEVE, DAWN
2.4 CITY-ST-ZIP	10905 Theresa Arbor Dr. Temple Terrace, FL 33617

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS
4.3 STREET ADDRESS	TROISE, LIEDIA
4.4 CITY-ST-ZIP	6827 Bluffs Blvd. Temple Terrace, FL 33617

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DV
6.3 STREET ADDRESS	CORREA, DIANA
6.4 CITY-ST-ZIP	8700 N. 50th #906 Tampa, FL 33617

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97 813/985-9191

Date

Daytime Phone # 0048387

CP2E037 (9/96)