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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

10/26/1993

4. FEI Number

59-3186979

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 290956
Suite, Apt. #, etc.

26 P.O. Box 290956
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Temple Terrace, FL
Zip Country

28 Temple Terrace, FL
Zip Country

24 33617

25 Hillsborough

29 33617

30 Hillsborough

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

Diana Correa

82 Street Address (P.O. Box Number is Not Acceptable)

8700 n. 50th St. Apt. 906

83

84 City

Temple Terrace, 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 **Diana Correa President**

Diana Correa

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Diana Correa	
1.3 STREET ADDRESS	8700 N. 50th St. Apt. 906	
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SHREEVE, DAWN	
STREET ADDRESS	10905 THERESA ARBOR DR	
CITY-ST-ZIP	TEMPLE TERRACE FL	

2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steve Stone	
2.3 STREET ADDRESS	9810 Cristina Dr.	
2.4 CITY-ST-ZIP	Riverview, FL 33569	

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

3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul Lavelly	
3.3 STREET ADDRESS	11820A Raintree Lk Ln.	
3.4 CITY-ST-ZIP	Tampa, FL 33617	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	TROISE, LIDIA	
STREET ADDRESS	6827 BLUFFS BLVD	
CITY-ST-ZIP	TEMPLE TERRACE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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

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

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CORREA, DIANA	
STREET ADDRESS	8700 N 50TH #906	
CITY-ST-ZIP	TAMPA FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Lidia Troise* *Lidia Troise* 1/27/98 (813) 980-7365

CFR2037 (1097)