

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000000250 (0)**

1. Corporation Name

STEPPING STONES LEARNING CENTER, INC.



Principal Place of Business

Mailing Address

**6233 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

**6233 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
APPLIED FOR 54-3233927

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **WILLIAMS, MARSHALL**
STREET ADDRESS **11874 CATRAKES DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **McGehee, David**
1.3 STREET ADDRESS **6900 Almonds Dr**
1.4 CITY-ST-ZIP **Jacksonville, Fla 32217**

TITLE **D** ☒ DELETE
NAME **GODFREY, HERB**
STREET ADDRESS **3450 HIDDEN LAKE DR. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Wharton, Paul**
2.3 STREET ADDRESS **2356 Jose Circle N**
2.4 CITY-ST-ZIP **Jacksonville, Fla 32217**

TITLE **D** ☐ DELETE
NAME **TROXLER, BEN**
STREET ADDRESS **3759 CRICKET COVE RD., E**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WINGTON, LINDA**
STREET ADDRESS **319 BONNLYN DR.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PRESTAGE, CHARLES**
STREET ADDRESS **9092 MOORGATE CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BEN C. TROXLER 6/19/96 904/358-4528
BEN C. TROXLER

0001961

CR2E037 (3/96)