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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000001797 (8)

1. Corporation Name

TALLAHASSEE K.I.D.S., INC.



Principal Place of Business

Mailing Address

216 E OAKLAND AVE
SUITE 1
TALLAHASSEE FL 32301

216 E OAKLAND AVE
SUITE 1
TALLAHASSEE FL 32301-4472

3. Date Incorporated or Qualified
04/17/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business
21 1140 Magnolia Ave.

2a. Mailing Address
26 1140 Magnolia Ave.

4. FEI Number
59-3309059

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 2A

Suite, Apt. #, etc.
27 Suite 2A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Panama City, FL

City & State
28 Panama City, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 32401

Country
25 Bay

Zip
29 32401

Country
30 Bay

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

TIMOTHY E.M. PETERS
216 E OAKLAND AVE
SUITE 1
TALLAHASSEE FL 32301

81 Name
Timothy E. McPeters

82 Street Address (P.O. Box Number is Not Acceptable)
1140 Magnolia Ave., Suite 2A

83 Suite 2A

84 City
Panama City FL 85 Zip Code 32401

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 Timothy E. McPeters, Timothy E. McPeters TREASURER

DATE 1/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WISE, JAMES
STREET ADDRESS 2471-B THORNTON RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME GOLDSMITH, MERELYN
STREET ADDRESS 1112 CLEARWATER RD.
CITY-ST-ZIP DAYTONA BCH. FL 32114

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME PETERS, E.M. TIMOTHY
STREET ADDRESS 7813 NO. LAGOON DR. # 3-B
CITY-ST-ZIP PANAMA CITY BCH. FL 32408

3.1 TITLE
3.2 NAME McPeters, Timothy
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME GOLDSMITH, ROBERT
STREET ADDRESS 1112 CLEARWATER RD.
CITY-ST-ZIP DAYTONA BCH. FL 32114

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 amendment with an address.

SIGNATURE: Timothy E. McPeters, Timothy E. McPeters, TREASURER, 1/24/97 904 913-1500

CR2E037 (9/96)