

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90008 043 ****61.25

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DOCUMENT # N96000004219

1. Corporation Name

THE APPLE SCHOOL, INC.

Principal Place of Business

3425 NEW JERSEY ROAD
LAKELAND FL 33803

Mailing Address

3425 NEW JERSEY ROAD
LAKELAND FL 33803



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

59-3394736

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

9. Name and Address of Current Registered Agent

TODD, DENNIS D
4815 E. BUSCH BLVD.
SUITE 208-B
TAMPA FL 33617

10. Name and Address of New Registered Agent

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

Dennis D. Todd
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-26-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DPS
STREET ADDRESS TODD, DENNIS D Ph.D.
CITY-ST-ZIP 4815 E. BUSCH BLVD SUITE 208-B
TAMPA FL 33617

TITLE ☐ DELETE
NAME VTD
STREET ADDRESS GITCHENS, STEVE
CITY-ST-ZIP 1212 GEORGE JENKINS BLVD
LAKELAND FL 33815

TITLE ☐ DELETE
NAME D
STREET ADDRESS LAGUE, NANCY
CITY-ST-ZIP 124 GRIFFIN AVENUE
LAKELAND FL 33801

TITLE ☐ DELETE
NAME D
STREET ADDRESS HEWITT, MICHELL
CITY-ST-ZIP 1260 GOLFVIEW AVE
BARTOW FL 33830

TITLE ☐ DELETE
NAME D
STREET ADDRESS GIBSON, CLYDE
CITY-ST-ZIP P.O. BOX 1543
BARTOW FL 33830

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Richard O'Sullivan
1.4 CITY-ST-ZIP 1099 Demetree Drive
Lakeland, FL 33811-2463

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Dennis D. Todd* 5-24-99 813 988-1909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)