

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 27 1997 8:00am
Secretary of State

DOCUMENT # N96000006618 (0)

1. Corporation Name

THE KOMPUTER DEVELOPMENTAL SKILLS LAB, INC.



Principal Place of Business Mailing Address
1135 SE MAPLE ST 1135 SE MAPLE ST
HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 12/31/1996 3a. Date of Last Report

4. FEI Number 59-3424750 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 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

STANDIFER, KIMBLEY
1135 SE MAPLE ST
HIGH SPRINGS FL 32643

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 | DELETE |
| NAME | STANDIFER, KIMBLEY D | |
| STREET ADDRESS | 1135 SE MAPLE ST | |
| CITY-ST-ZIP | HIGH SPRINGS FL 32643 | |
| TITLE | DVT | DELETE |
| NAME | LEE, GUSSIE | |
| STREET ADDRESS | RT 1 BOX 44 | |
| CITY-ST-ZIP | ALACHUA FL 32615 | |
| TITLE | DS | DELETE |
| NAME | LEE, GREGORY | |
| STREET ADDRESS | 28225 NW CR 241 | |
| CITY-ST-ZIP | ALACHUA FL 32615 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|------------------------|--------|----------|
| 1.1 TITLE | Director | Change | Addition |
| 1.2 NAME | Robert Woody | | |
| 1.3 STREET ADDRESS | 608 SE. 12th Street | | |
| 1.4 CITY-ST-ZIP | Gainesville, FL 32601 | | |
| 2.1 TITLE | Director | Change | Addition |
| 2.2 NAME | Vian Gungard | | |
| 2.3 STREET ADDRESS | 505 NW 2nd Ave | | |
| 2.4 CITY-ST-ZIP | Gainesville, FL | | |
| 3.1 TITLE | Executive Director | Change | Addition |
| 3.2 NAME | Kimbley Standifer | | |
| 3.3 STREET ADDRESS | 1135 SE Maple St | | |
| 3.4 CITY-ST-ZIP | High Springs, FL 32643 | | |
| 4.1 TITLE | President | Change | Addition |
| 4.2 NAME | Gussie Lee | | |
| 4.3 STREET ADDRESS | Rt 1 Box 44 | | |
| 4.4 CITY-ST-ZIP | Alachua, FL 32615 | | |
| 5.1 TITLE | Treasurer | Change | Addition |
| 5.2 NAME | Collette Gardner | | |
| 5.3 STREET ADDRESS | 16507 N.W. 141st St. | | |
| 5.4 CITY-ST-ZIP | Alachua, FL 32615 | | |
| 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 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 REQUIRED

8/27/97 1352 955-2032

CR2E037 (4/97)