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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000006618

1. Corporation Name

THE KOMPUTER DEVELOPMENTAL SKILLS LAB, INC.

Principal Place of Business

1135 SE MAPLE ST
HIGH SPRINGS FL 32643

Mailing Address

1135 SE MAPLE ST
HIGH SPRINGS FL 32643



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/31/1996

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

9. Name and Address of Current Registered Agent

STANDIFER, KIMBLEY
1135 SE MAPLE ST
HIGH SPRINGS, FL 32643

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

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
NAME STANDIFER, KIMBLEY D
STREET ADDRESS 1135 SE MAPLE ST
CITY-ST-ZIP HIGH SPRINGS FL 32643

☐ DELETE

TITLE DVT
NAME LEE, GUSSIE
STREET ADDRESS RT 1 BOX 44
CITY-ST-ZIP ALACHUA FL 32615

☐ DELETE

TITLE DS
NAME LEE, GREGORY
STREET ADDRESS 28225 NW CR 241
CITY-ST-ZIP ALACHUA FL 32615

☐ DELETE

TITLE D
NAME WOODY, ROBERT
STREET ADDRESS 608 SE 12TH ST
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE D
NAME GUNYARD, VIAN
STREET ADDRESS 505 NW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE T
NAME GARDNER, COLLETTE
STREET ADDRESS 16507 NW 141ST ST
CITY-ST-ZIP ALACHUA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
KIMBLEY D. STANDIFER

4/28/99

(904) 554-4715

Date

Daytime Phone #

CR2E037 (1/98)