

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000086911 (3)

1. Corporation Name

CHILDERS INTERNATIONAL, INC.



Principal Place of Business

4830 W KENNEDY BLVD  
SUITE 745  
TAMPA FL 33609

Mailing Address

4830 W KENNEDY BLVD  
SUITE 745  
TAMPA FL 33609

3. Date Incorporated or Qualified  
12/21/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 963 Eve Street

2a. Mailing Address

26 7005 Shannon Willow Road

4. FEI Number

59-3221772

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DelRay Beach, FL

City & State

28 Charlotte, NC

Zip

24 33483

Country

25 United States

Zip

29 28226

Country

30 United States

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARP, WILLIAM B ESQ  
4830 W KENNEDY BLVD  
SUITE 745  
TAMPA FL 33609

81 Name  
Bill S. Childers

82 Street Address (P.O. Box Number is Not Acceptable)  
963 Eve Street

83

84 City  
DelRay Beach

FL

85 Zip Code  
33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Bill S. Childers*  
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 DASP ☐ DELETE  
NAME CHILDERS, BILLY S  
STREET ADDRESS 963 EVE STREET  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DPAS ☐ DELETE  
NAME CHILDERS, JOANN S  
STREET ADDRESS 1074 SPANISH RIVER RD  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joann Childers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 (704)544-1072

Date

Daytime Phone #

CR2E034 (12/95)