## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## 1998 P94000069363 (7) DOCUMENT #

## **FILED** Jan 22 1998 8:00am Secretary of State

BOOTH'S LEARNING CENTER, INC.							
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Principal Plac	e of Business	Mailing Address				48(18 6):18 18186 11219 1	.41.00
207 GROVELAND FARMS RD. P&O BOX 172							
GROVELAND FL 34736 GROVELAND FL 34736 US					DO NOT WRITE	IN THIS SDACE	
					3. Date Incorporated or Qualified	IN THIS SPACE	
1					09/14/1994		
2. Principal P	Sace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-3271556		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Additional	
22		27		5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing	\$5.00	О Мау Ве	
23		28			Trust Fund Contribution	Adder	i to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has pal		
24	25	29	30		Personal Property Tax due June		□ No
	9. Name and Address of Current	Registered Agent	31 Name	10. Name and Address of New Rec	Jistered Agent		
	WELL, STEPHEN ESQ.		l°	Name			
	WEBSTER ST.		8	32 Street Addre	ss (P.O. Box Number is Not Acceptab	le)	
	ESBURG FL 34748		-	33			
			l°				
ĺ			8	34 City		FL 85 Zip	Code
44 Purguont	to the provisions of Sections 607 0500	and 607 1509 Florida Statu	ton the abo	we named serve	vation submits this statement for the p		its rapistared
office or r	registered agent, or both, in the State	of Florida. Such change was	by the corporation	ration submits this statement for the pron's board of directors. I hereby accep	t the appointment a	s registered	
agent la	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statui	tes.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO	TE: Registered A	Agent signature required	d when reinstating)	DATE	<del></del> [
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELETE	1,1 TITL	E		Change	Addition
NAME	Booth, M. Marlene		1.2 NAM	IE			
STREET ADDRESS	207 GROVELAND FARMS RD.		1.3 STRE	EET AODRESS			
CITY-ST-ZIP	GROVELAND FL 34736		1.4 CITY	-ST-ZIP			
TITLE	D	L_ DELETE	2.1 TITL	E	<del></del>	☐ Change	Addition
NAME	BOOTH, JOHNNY M SR.		2.2 NAM	ie į			
STREET ADDRESS		207 GROVELAND FARMS RD. 235					
CITY-ST-ZIP	GROVELAND FL 34736		2.3 SIN	EET ADDRESS			
TITLE				ET ADDRESS Y-ST-ZIP			
		☐ DELETE		Y-ST-ZIP		☐ Change	Addition
NAME		DELETE	2.4 CIT	Y-ST-ZIP		☐ Change	☐ Addition
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I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), fronds Statutes. 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: