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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95000026392**

1. Corporation Name

**SANDY'S LEARNING CENTER, INC.**

Principal Place of Business

SANDY'S LEARNING CENTER  
15923 N FLORIDA AVE  
LUTZ FL 33548  
US

Mailing Address

15923 NO. FLORIDA AVENUE  
LUTZ FL 33548  
US

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

**27**

City & State

**23**

**28**

City & State

**24**

Zip

**25**

Country

**29**

Zip

Country

**30**

9. Name and Address of Current Registered Agent

**NEWCOMER, SANDRA  
15923 NO. FLORIDA AVENUE  
LUTZ FL 33549**

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 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sandra L. Newcomer* - *Sandra L. Newcomer*

**1-5-99**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

DELETE

1.1 TITLE

Change  Addition

TITLE **D**  
NAME **NEWCOMER, SANDRA**  
STREET ADDRESS **26844 GLENWOOD DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

2.1 TITLE

Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE

Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE

Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE

Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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 607, 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: *Sandra L. Newcomer* *Sandra L. Newcomer* 1-5-99 813-961-5209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90148 032 \*\*\*150.00

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