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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000031079 (3) 1. Corporation Name JUST FOR KIDS AND PARENTS, TOO, INC. Mailing Address Principal Place of Business 5113 N. DAVIS HIGHWAY 5113 N. DAVIS HIGHWAY SHITE 12 SUITE 12 PENSACOLA FL 32503 PENSACOLA FL 32503 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1995 FEL Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-330968 Not Applicable 21 26 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zφ Zio Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MONTGOMERY, JUDITH B Street Address (P.O. Box Number is Not Acceptable) 82 5113 N. DAVIS HIGHWAY 83 SUITE 12 PENSACOLA FL 32503 85 Zip Code City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505. Florida Statutes. SIGNATURE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change 🔲 Addition 1.11006 TITLE 1.2 NAME MONTGOMERY, JUDITH B NAME 5113 N. DAVIS HWY #12 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 1.4 CITY - ST - ZIE CITY-ST-ZIP Change Addit on DELETE 2.1 THE TITLE NAME 2.3 STHEET ACCRESS STREET ADDRESS 2.4 CHY+ST-ZIP CITY - ST-ZIP [] Change Addition DELFTE 3 1 TUTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C/TY ST-7/P CITY-ST-ZIP ☐ Change Addition DELETE 4 1 Trite TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF CITY - ST - ZIP ☐ Addition ☐ Change [] DELETE 5 1 500 5 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - \$1, 70° CITY-ST-ZiP Change Add:tion DELETE 6 1 Title TITLE 6.2 NAME NAME € 3 STBEET ADDGESS STREET ADDRESS

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WALTER THE OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

14. Ido 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 employmened 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.

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(12/95)

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