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

CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000037496 (3)

BURNHAM SCHOOL-KIDDIE KOLLEGE-OF JAX., INC.

Principal Place of Business Mailing Address 1320 PALMDALE STREET 1320 PALMDALE STREET JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 59-331 7085 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State Orty & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip $Z_{\rm ID}$ Yes □ No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BURNHAM, CLAUDE C 82 3723 HEDRICK STREET 83 JACKSONVILLE FL 32205 85 Zip Code 84 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 Ponda. 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 NOTE: Evigetered Agent signature respired when reinstating? CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change DELFTE. Add tion 1.171116 TeTLE 1.2 NAME NAME BURNHAM, CLAUDE C 13 STREET ADDRESS STREET ADDRESS 3723 HEDRICK ST 1.4 CrTY - ST - ZIP JACKSONVILLE FL 32205 CiTY-ST-ZIP ☐ Change Addition DELETE 2 1 TITLE TITLE 22 NAME NAME BURNHAM, ELAINE W 2.3 STREET ADDRESS STREET ADDRESS 3723 HEDRICK ST 2.4 CITY - ST - ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 Change Add tion DELE 1E 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CID - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4. 1 ToTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-ZIP Addition ☐ Change [] DELETE 5 1 111,6 TITLE 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CHY-SE-ZIP City-St-ZiP ☐ Addition □ Change □ DELETE € 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY S1-7/2 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)(i). Florida Statutes. I further certify that the information indicated on this aurual 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 appowered 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 add

SIGNATURE: /