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 # **P95000051158 (0)**

1. Corporation Name

THE CHILDS GROUP OF SARASOTA, INC.

Principal Place of Business: ~~2407 FRUITVILLE ROAD SARASOTA FL 34237~~ CHANGED - SEE BELOW

Mailing Address: ~~2407 FRUITVILLE ROAD SARASOTA FL 34237~~ CHANGED - SEE BELOW

3. Date Incorporated or Qualified: 06/30/1995

3a. Date of Last Report: N/A

2. Principal Place of Business
21: 2210 N. TAMIAMI TRAIL
22: Suite, Apt. #, etc.
23: City & State: SARASOTA, FL
24: Zip: 34234
25: Country: SARASOTA

2a. Mailing Address
26: 1365 MARLIN DRIVE
27: Suite, Apt. #, etc.
28: City & State: NAPLES, FL
29: Zip: 33962
30: Country: COLLIER

4. FEI Number: 65-0591021 ☐ 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

9. Name and Address of Current Registered Agent

DOZIER, THOMAS A
2407 FRUITVILLE ROAD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable — Note: Registered Agent signature required when name is changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHILDS, DAVID E		1.2 NAME		
STREET ADDRESS	1365 MARLIN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHILDS, STEVEN E		2.2 NAME		
STREET ADDRESS	2624 BRENTWOOD ROAD, NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANTON OH 44708		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHILDS, GREGORY G		3.2 NAME		
STREET ADDRESS	64806 HIDDEN ACRES LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE OH 43725		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MAXEY, ROSEMARY		4.2 NAME	MAXEY, ROSEMARY	
STREET ADDRESS	828 FRANKLIN AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SALEM OH 44460		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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.

SIGNATURE: X David E Childs 5/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)