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

Mar 24 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P95000098028 (0) TOTAL KIDS, INC. Principal Place of Business Mailing Address **4706 BARRETT COURT** 4706 BARRETT COURT **TAMPA FL 33617 TAMPA FL 33617** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3351031 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible No. 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name CLANCY, MARK C **4706 BARRETT COURT** Street Address (P.O. Box Number is Not Acceptable) **B2 TAMPA FL 33617** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.050? 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 11115 TITLE Change Addition CLANCY, MARK C 1.2 NAME NAME **4706 BARRETT COURT** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** 1.4 CITY-S1-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS: **6.3 STREET ADDRESS** 64 CiTY-ST-ZIP

14. Thereby 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 supplient that an an officer or director of the corpy duty or the receipt of order of the corpy duty or or the receipt of order of the corpy duty or on an attorney with an address.

SIGNATURE

FILED

17, 1998 (813) 985-223