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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

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May 13 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

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BLUE ANGEL EARLY LEARNING CTR. INC.

Frincipal Place of Business Mailing Address 10271 SORRENTO RD 10271 SORRENTO RD PENSACOLA FL 32507 PENSACOLA FL 32507-8603 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution [23] Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOOD, NINA 10271 SORRENTO RD **B2** Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32507 83 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am joint ar with, and accept the adjustions of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Fk-gistered Agent signature required when reinstating) egi torea agort and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Addition DELETE 1 1 TITLE Change $\mathbf{H}J$ Bruce A Word 10271 GOVENTO Rd UING R. WOOD 1.2 NAME NAMI tresident 10271 Sorrento RD. 1.3 STREET ADDRESS STREET ASORESS ensacola Fl. 32507 Pens Acold F1. 32507 SHY-ST at 1.4 CITY - ST - ZIP DELETE Change Addition 1.114 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STRUCT AGORESS 2. 4 City-St-ZiP CRY-St-78 DELETE ☐ Change Addition THEF 3.1 TITLE 32 NAME NW 33 STREET ADDRESS STREET ADDRESS: 34. CITY-ST-ZIP OTY-ST-ZP DELETE Addition Change 10.1 4.1 TOUR MAN 4. 2 NAME Steff ADORES! 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CP7-51-70 DELETE Change Addition $H \cap F$ 5.1 TITLE 5.2 NAME NO 5.3 STREET ADDRESS STREET ARE RESO 54 CITY-ST-ZIP DELETE ☐ Addition Change THE E 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 Tair 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

14. I do here by 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

LR. Work CHIEF