

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90038 013 ***150.00

DOCUMENT # P96000055991

1. Corporation Name
PIONEER TRAIL DAY SCHOOL INC.

Principal Place of Business
2379 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

Mailing Address
2379 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3389906

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITCH, DONNA M
2967 OAK TRAIL
EDGEWATER FL 32141

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

same

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSM ☐ DELETE
NAME FITCH, DONNA M
STREET ADDRESS 2967 OAK TRAIL
CITY-ST-ZIP EDGEWATER FL

TITLE VT ☐ DELETE
NAME GERALD
STREET ADDRESS 2967 OAK TRAIL
CITY-ST-ZIP EDGEWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/M ☒ Change ☐ Addition
1.2 NAME FITCH, DONNA M
1.3 STREET ADDRESS 2967 OAK TRAIL
1.4 CITY-ST-ZIP EDGEWATER, FL

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME MICHELLE COATS
2.3 STREET ADDRESS 2527 KUMQUAT DRIVE
2.4 CITY-ST-ZIP EDGEWATER, FL.

3.1 TITLE V/T ☒ Change ☐ Addition
3.2 NAME ~~GERALD~~ FITCH, GERALD
3.3 STREET ADDRESS 2967 OAK TRAIL
3.4 CITY-ST-ZIP EDGEWATER, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

Donna M. Fitch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

904-423-7742

Daytime Phone #

CR2E034 (11/98)