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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000071377 (1)

1. Corporation Name  
BABY PROOF IT, INC.

Principal Place of Business  
7017 PELICAN ISLAND DRIVE  
TAMPA FL 33634

Mailing Address  
7017 PELICAN ISLAND DRIVE  
TAMPA FL 33634-7422



3. Date Incorporated or Qualified  
08/26/1996

3a. Date of Last Report

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 7717 Winging Way Dr.  
Suite, Apt. #, etc.

26 7717 Winging Way Dr.  
Suite, Apt. #, etc.

22 City & State  
Tampa, FL

27 City & State  
Tampa, FL

23 Zip Country  
33615 USA

28 Zip Country  
33615 USA

24 33615 25 USA

29 33615 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, MICHELLE A  
7017 PELICAN ISLAND DRIVE  
TAMPA FL 33634

7717 Winging Way Dr.  
Tampa, FL 33615

81 Name  
Michelle A. Sullivan  
82 Street Address (P.O. Box Number is Not Acceptable)  
7717 Winging Way Drive  
83  
84 City  
Tampa FL 85 Zip Code  
33615

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 Michelle A. Sullivan President

4-15-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE President ☐ Change ☒ Addition  
12 NAME Michelle A. Sullivan  
13 STREET ADDRESS 7717 Winging Way Drive  
14 CITY-ST-ZIP Tampa, FL 33615

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Michelle A. Sullivan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 813-806-0041  
Date Daytime Phone #

CR2E034 (9/96)