

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

FILED
Feb 10 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000095277 (5)**

1. Corporation Name

SHRINK-N-SLIDE: THE FAMILY PLAY AND RESOURCE CENTER, INC.

Principal Place of Business

**1709 SECOND STREET, SOUTH
JACKSONVILLE BEACH FL 32250**

Mailing Address

**1709 SECOND STREET, SOUTH
JACKSONVILLE BEACH FL 32250**



DO NOT WRITE IN THIS SPACE

| | | | |
|-------------------------------------|-------------------------------------|---------------------|--------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 14444 Beach Blvd | 26 14444 Beach Blvd | | |
| Suite, Apt. #, etc. Suite 60 | Suite, Apt. #, etc. Suite 60 | | |
| 22 Jacksonville, FL | 27 Jacksonville, FL | | |
| City & State | City & State | | |
| 23 Jacksonville, FL | 28 Jacksonville, FL | | |
| Zip | Country | 29 32250 | 30 US |
| 24 32250 | 25 US | | |

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

59-3415668

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOLDBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORELAND, JOHN | 1.2 NAME | |
| STREET ADDRESS | 1709 SECOND STREET, SOUTH | 1.3 STREET ADDRESS | 14444 Beach Blvd Suite 60 |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | 1.4 CITY-ST-ZIP | Jacksonville FL 32250 |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRIMSKY, EILEEN | 2.2 NAME | |
| STREET ADDRESS | 1709 SECOND STREET, SOUTH | 2.3 STREET ADDRESS | 14444 Beach Blvd Suite 60 |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | 2.4 CITY-ST-ZIP | Jacksonville FL 32250 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: 

012894 904 223 0072

CP2E034 (10/97)