

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # P96000099151 (8)

1. Corporation Name

SNUGGY'S PLAYHOUSE & LEARNING CENTER, INC.



Principal Place of Business

303 STATE RD 26
MELROSE FL 32666

Mailing Address

303 STATE RD 26
MELROSE FL 32666-3906

3. Date Incorporated or Qualified

12/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 1788 BLUE JAY DRIVE

Suite, Apt. #, etc.

22

City & State

23 MIDDLEBURG, FLORIDA

Zip

24 32068

Country

25 US

2a. Mailing Address

26 P.O. BOX 548

Suite, Apt. #, etc.

27

City & State

28 MIDDLEBURG, FLORIDA

Zip

29 32050-548

Country

30 US

4. FEI Number

59-3410043

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

9. Name and Address of Current Registered Agent

GORDON, WILLIAM K
303 STATE RD 26
MELROSE FL 32666

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|--------------------------|---------------------------------|--|
| 11 TITLE | P/T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 12 NAME | DEBRA B. JOHNS | | |
| 13 STREET ADDRESS | P.O. BOX 548 N/A | | |
| 14 CITY - ST - ZIP | MIDDLEBURG, FL 32050-548 | | |
| 21 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY - ST - ZIP | | | |
| 31 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY - ST - ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY - ST - ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY - ST - ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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:

DEBRA B. JOHNS

DEBRA B. JOHNS

Date

Daytime Phone # 000000

CR2E034 (9/96)