

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000006012 (3)**

1. Corporation Name

**SHARPES LEARNING CENTER, INC.**



Principal Place of Business

Mailing Address

**1330 HANNAH DRIVE  
MERRITT ISLAND FL 32952**

**1330 HANNAH DRIVE  
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 3935 N. US1 Unit M**

Suite, Apt. #, etc.

**22 Cocoa FL 32926**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26 3935 N. US1 Unit M**

Suite, Apt. #, etc.

**27 Cocoa FL 32926**

City & State

**28**

Zip

Country

**29**

**30**

3. Date Incorporated or Qualified

**01/15/1997**

4. FEI Number

**54-3422690**

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

**SMITH, LINDA D  
1330 HANNAH DRIVE  
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name

**Smith, Linon D.**

82 Street Address (P.O. Box Number is Not Acceptable)

**312 Kent Dr**

83

84 City

**Cocoa Beach FL**

85 Zip Code

**32931**

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 ☐ DELETE

**D  
NAME SMITH, TED L SR  
STREET ADDRESS 839 FAULL DRIVE  
CITY-ST-ZIP ROCKLEDGE FL 32955**

TITLE ☐ DELETE

**D  
NAME SMITH, LINDA D  
STREET ADDRESS 1330 HANNAH DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL 32952**

TITLE ☐ DELETE

**D  
NAME SMITH, ANTHONY K  
STREET ADDRESS 1330 HANNAH DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL 32952**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**Smith, Ted L. Sr  
928 Brunswick Lane  
Rockledge FL 32955**

2.1 TITLE ☒ Change ☐ Addition

**D Smith, Linda D.  
312 Kent Dr.  
Cocoa Beach FL 32931**

3.1 TITLE ☒ Change ☐ Addition

**D Smith, Anthony K  
4000 Sandridge Dr.  
Merritt Island, FL 32953**

4.1 TITLE ☐ Change ☒ Addition

**D Ted Leach Smith Jr  
750 N. Atlantic Ave  
Apt 406  
Cocoa Beach, FL 32931**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

CR2E034 (10/97)