

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

DOCUMENT # P97000045570

1. Corporation Name
SCHOOL UNIQUE, INC.

Principal Place of Business
12900 FORT KING RD.
DADE CITY FL 33526

Mailing Address
P.O. BOX 1173
DADE CITY FL 33526-1173

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

22 Zip

23 Country

25 Zip

29

Country

30

9. Name and Address of Current Registered Agent

JETER, JOHNNIE S
12900 FORT KING RD.
DADE CITY FL 33526

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME JETER, JOHNNIE S
STREET ADDRESS 12900 FORT KING RD.
CITY-ST-ZIP DADE CITY FL 33526

DELETE

1.1 TITLE

Change

Addition

TITLE DV
NAME JETER, JEFFERSON F JR.
STREET ADDRESS 12900 FORT KING RD.
CITY-ST-ZIP DADE CITY FL 33526

DELETE

2.1 TITLE

Change

Addition

TITLE DST
NAME JETER, KAREN L
STREET ADDRESS 906 S. 14TH ST.
CITY-ST-ZIP DADE CITY FL 33525

DELETE

3.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

Change

Addition

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: *Johnnie Sue Seter* 3/11/99 352-567-9486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100-1000000000000000

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90054 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

59-3454413

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

CR2EE034 (11/98)