

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

FILED

May 13 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 # P97000048319 (2)

1. Corporation Name

KIDDIE KARE, INC.

Principal Place of Business

205 SCENIC HWY NORTH  
FROSTPROOF FL 33843

Mailing Address

205 SCENIC HWY NORTH  
FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

59-3454334

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRIMLOW, KIMBERLY L  
225 E PARK AVENUE  
LAKE WALES FL 33859-1260

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
GRICE, JOYCE K  
320 SUNSET ROAD  
FROSTPROOF FL 33843

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
ANDERSON, MELANIE D  
226 STEEDLY AVE  
LAKE WALES FL 33853

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
FREDA, TERESA  
5437 AVERY ROAD  
NEW PORT RICHEY FL 34652

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
BRIMLOW, KIMBERLY L  
225 E PARK AVE  
LAKE WALES FL 33853

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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.

SIGNATURE

Melanie D Anderson

2/12/98

2/12/98

CR2E034 (10/97)