

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

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90002 039 \*\*\*550.00

DOCUMENT # **P97000055616**

1. Corporation Name  
**TUTOR ME INC.**

Principal Place of Business

950 OLD HICKORY RD.  
JACKSONVILLE FL 32207

Mailing Address

950 OLD HICKORY RD.  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

59-3455139

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **9098 Barnstable Lane**

26 **9098 Barnstable Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **Jacksonville, FL**

City & State

28 **Jacksonville, FL**

Zip Country

24 **32257**

Zip Country

29 **32257**

30

9. Name and Address of Current Registered Agent

DAVIDSON, MARK R  
950 OLD HICKORY RD.  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

**SAME**

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

**9098 Barnstable Lane**

83

84 City

**Jacksonville**

FL

85 Zip Code

**32257**

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 **VPT** ☐ DELETE

NAME **DAVIDSON, MARK**  
STREET ADDRESS **950 OLD HICKORY RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **P** ☐ DELETE

NAME **DAVIDSON, KIMBERLY**  
STREET ADDRESS **950 OLD HICKORY RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **SAME**  
1.3 STREET ADDRESS **9098 Barnstable Lane**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32257**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SAME**  
2.3 STREET ADDRESS **9098 Barnstable Lane**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32257**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

8/20/99

Date

(904) 733-3064

Daytime Phone #

CR2E034 (1/98)