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

**FILED** Mar 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # **P97000065522** (9) PAOLA WOODS PRESCHOOL, INC. Principal Place of Business Mailing Address **5 ISLAND DRIVE** 5 ISLAND DRIVE LAKE MARY FL 32746 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 5680 Suite, Apt. #, etc. 20 shirred 26 Not Applicable Suite. Apt. #. etc. \$8.75 Additional B. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Country This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent BUHFING, DENNIS J **5 ISLAND DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 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 lamitlar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICE AS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE Change Addition TITLE BUHRING, DENNIS J NAME 1.2 NAME **5 ISLAND DRIVE** STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BUHRING, ROSALYN NAME 2.2 NAME **5 ISLAND DRIVE** STREET ADDRESS 2.3 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

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 trusted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

167-662-7119

Change

Change

Addition

☐ Addition