

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90028 047 ***150.00

00049802

DO NOT WRITE IN THIS SPACE

DOCUMENT # **79800000564**

1. Entity Name
Magnolia Top Tots, Inc
(Learning Center & Child Care Services)

Principal Place of Business
995 Kelvin Court
Crestview, FL 32536

Mailing Address
995 Kelvin Court
Crestview, FL 32536

2. Principal Place of Business
995 Kelvin Court

3. Mailing Address
Same

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Crestview, FL

City & State
Same

4. FEI Number
54-3484783

Applied For
☐

Not Applicable
☒

5. Certificate of Status Desired
☐

\$8.75 Additional Fee Required
☒

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Natalie Stokes

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

City
Crestview

FL

Zip Code
32536

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Natalie Stokes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 11, 2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Edna Stokes 447 Benjamin Street Crestview, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Natalie Stokes 447 Benjamin Street Crestview, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kiesha Stokes 447 Benjamin Street Crestview, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Natalie Stokes**

Signature and typed or printed name of signing officer or director

April 11, 2001

Date

(850) 683-0409

Daytime Phone #

CR2E034 (11/00)