

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

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90005 001 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000007243**

1. Corporation Name

P. AND P. LEARNING CENTER, INC.

Principal Place of Business

**10819 CAPTAIN HOOK CIRCLE, BOX 63
THONOTOSASSA FL 33592**

Mailing Address

**10819 CAPTAIN HOOK CIRCLE, BOX 63
THONOTOSASSA FL 33592**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

4. FEI Number

59-3507498

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

21 8643 Gunn Highway

Suite, Apt. #, etc.

22

City & State

23 Odessa FL

Zip Country

24 33556 25

2a. Mailing Address

26 8643 Gunn Highway

Suite, Apt. #, etc.

27

City & State

28 Odessa FL

Zip Country

29 33556 30

9. Name and Address of Current Registered Agent

**ALLBAUGH, SUE ANNE
10819 CAPTAIN HOOK CIRCLE, BOX 63
THONOTOSASSA FL 33592**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALLBAUGH, SUE ANNE**
STREET ADDRESS **10819 CAPTAIN HOOK CIRCLE, BOX 63**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D** ☐ DELETE
NAME **ALLBAUGH, CLYDE A**
STREET ADDRESS **10819 CAPTAIN HOOK CIRCLE, BOX 63**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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: **ALLBAUGH, SUE ANNE** 7-12-99 813-926-3682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

593375-70005 -1
P 9800000 7243



TUTOR TIME®

CHILD CARE/LEARNING CENTERS

8643 Gunn Highway
Odessa, FL 33556
(813) 926-3682

7-8-99

To Whom It May Concern:

The four stamped 2nd Notice was sent to the wrong address and I just received it last week. I don't recall ever getting a 1st notice. I gave it to my accountant and he said to forward the enclosed check along with this form.

Thank you.

Sue Anne Allbough
President

P + P Learning Center.