## FILED May 08, 1999 8:00 am

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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

			tary of State			05-08-1999 90052 022 ***150.00				
	1999	DIVISION OF CO	RPOR	ATIC	ONS	05-08-1999 9005	2 022 ***1	.50.0	0	
1. Corporation	MENT # P98000 O 4 KIDS, INC.	083902								
Principal Place of Business Mailing Address						1 ( I III ( I III ) I II I I I I I I I I	***************************************	. 191() 88		
1230 DRIFTWOOD DRIVE 1230 DRIFTWOOD DRIVE PENSACOLA FL 32503 PENSACOLA FL 32503										
PENSAGOLA FL	32303	TENONOGEN TE SESOO				DO NOT WRITE IN	THIS SPACE	<u> </u>		
						3. Date Incorporated or Qualifed				
2. Principal P	lace of Business	2a. Mailing Address				09/28/1998 4. FEI Number		App	lied For	
21 26						59-3539090		Not Applicable		
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	5. Certificate of Status Desired			
22						0 51 11 0 11 51 11 11			`	
City & State	te City & State					6. Election Campaign Financing Trust Fund Contribution		וליים. Ided to	May Be Fees	
Zip				ntry		8. This corporation owes the current ye				
24						Personal Property Tax.	☐ Yes			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Regist	erea Agent			
NICHOLAS, JAYNE S										
1230 DRIFTWOOD DRIVE			ľ	82	Street Add	dress (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32503			Ī	83						
			-	84	City		85	Zip C	ode	
						the statement for the gurne	FL   65	ag ite r	egistered	
l office or n	edistered agent, or both, in the State.	of Florida. Such change was auti	nonzea	DV I	named cor he corpora	rporation submits this statement for the purportion's board of directors. I hereby accept the	appointment	as reg	istered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta						4/	128/94			
					signature requ	lred when reinstating)	TE PIDE			
12.	OFFICERS AND DIRECTORS 1:				<del></del>	ADDITIONS/CHANGES TO OFFICE	Cha		Addition	
NAME	D NICHOLAS, JAYNE S	<del>-</del>							<b>J</b>	
STREET ADDRESS	1230 DRIFTWOOD DRIVE				ADDRESS					
CITY-ST-ZIP	PT101001 4 Ft 40500			Y-ST	-ZIP					
TITLE				2.1 TITLE			☐ Cha	ange	Addition -	
NAME	1110710210; 21011 111			2.2 NAME					,	
STREET ADDRESS			E	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE				3.1 TITLE			Cha	ange	Addition	
NAME			3.2 NA	3.2 NAME						
STREET ADDRESS	250 0010 110 11 11 11 11 11 11 11 11 11 11			3.3 STREET ADDRESS						
CITY-ST-ZIP				IY-S1	Γ-ZIP		☐ Ch:	ange	Addition	
TITLE	1			4.1 TITLE 4.2 NAME				a.igo		
NAME STREET ADDRESS					ADDRESS					
DENCACOLA EL 2000			44.00		710					

6.4 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 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

850-469-9551

Change

Change

☐ Addition

Addition