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

DOCUMENT # S04264

1. Corporation Name KIDS CLUB PRESCHOOL, INC. Principal Place of Business Mailing Address 206 ROSS ROAD 206 ROSS ROAD TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3030427 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 12110 25 30 [] Yes 24 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRANGER, ALBERTA Street Address (P.O. Box Number is Not Acceptable) 206 ROSS ROAD TALLAHASSEE FL 32310 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE ☐ Change GRANGER, EUGENE 1.2 NAME NAME STREET ADDRESS 206 ROSS RD. 1.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE ☐ Change Addition TITLE GRANGER, ALBERTA NAME 2.2 NAME 206 ROSS RD. 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TILE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 trustets, 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1/7/99 (850)877-4000 Daytime Phone #

Change

☐ Change

☐ Addition

Addition

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90040 041 ***150.00

CR2E034 (11/98)