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FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59776

(2)

1. Corporation Name

FAMILY LEARNING CENTER, INC.

Principal Place of Business

RT 2 BOX 264
HAWTHORNE FL 32640

Mailing Address

RT 2 BOX 264
HAWTHORNE FL 32640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1991

4. FEI Number

59-3076741

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 221 LONG LAKE ROAD

Suite, Apt. #, etc.

22

City & State

23 HAWTHORNE, FL 32640

24 32640

25 USA

2a. Mailing Address

26 221 LONG LAKE ROAD

Suite, Apt. #, etc.

27

City & State

28 HAWTHORNE, FL 32640

29 32640

30 USA

9. Name and Address of Current Registered Agent

SIMPSON, SUSAN S.
RT 2 BOX 264
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name SIMPSON, SUSAN S.

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

221 LONG LAKE ROAD

83

84 City HAWTHORNE

FL

85 Zip Code 32640

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 ☐ DELETE

D
NAME SIMPSON, SUSAN S.
STREET ADDRESS RT 2 BOX 264
CITY-ST-ZIP HAWTHORNE FL

TITLE ☐ DELETE

D
NAME SIMPSON, DALE G
STREET ADDRESS RT 2 BOX 264
CITY-ST-ZIP HAWTHORNE FL

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

D
1.2 NAME SIMPSON, SUSAN S.
1.3 STREET ADDRESS 221 LONG LAKE ROAD
1.4 CITY-ST-ZIP HAWTHORNE, FL 32640

2.1 TITLE ☒ Change ☐ Addition

D
2.2 NAME SIMPSON, DALE G
2.3 STREET ADDRESS 221 LONG LAKE ROAD
2.4 CITY-ST-ZIP HAWTHORNE, FL 32640

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.

SIGNATURE

Dale G. Simpson

3/5/98

(352) 425-3243

CR2E034 (1097)