

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S75946 (1)

1. Corporation Name

KIDDY KORNER, INC., OF TALLAHASSEE



Principal Place of Business

Mailing Address

8552 WAKULLA SPRINGS RD.
TALLAHASSEE FL 32310-0759

8552 WAKULLA SPRINGS RD.
TALLAHASSEE FL 32310-0759

3. Date Incorporated or Qualified

08/27/1991

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THRASHER, ELWIN R., JR.
908 N GADSDEN ST.
TALLAHASSEE FL 32303

4. FEI Number

59-3091349

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Joan Adams

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

8552 Wakulla Springs Rd

83

84 City

Tallahassee

FL

85 Zip Code

32310

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

Joan Adams

(NOTE: Registered Agent's signature required when reappointing)

7-15-96

Date

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ADAMS, VIRGINIA J
STREET ADDRESS 8552 WAKULLA SPRINGS RD
CITY - ST - ZIP TALLAHASSEE FL

TITLE VP ☐ DELETE

NAME ADAMS, ROBERT O
STREET ADDRESS 8552 WAKULLA SPRINGS RD
CITY - ST - ZIP TALLAHASSEE 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

☒ Change ☐ Addition

11 TITLE P
12 NAME Adams, Joan
13 STREET ADDRESS 8552 Wakulla Springs Rd
14 CITY - ST - ZIP Tallahassee, FL 32310

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

600001908148
-07/30/96--01100--019
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

904-421 6960

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