

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S93465** (0)

1. Corporation Name

**KIDDIE KOLLEGE, INC.**

Principal Place of Business

**7334 LITTLE ROAD  
NEW PORT RICHEY FL 34654**

Mailing Address

**7334 LITTLE ROAD  
NEW PORT RICHEY FL 34654**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

**GRANT, LINDA  
7334 LITTLE ROAD  
NEW PORT RICHEY FL 34654**

3. Date Incorporated or Qualified  
**11/13/1991**

3a. Date of Last Report  
**04/11/1995**

4. FEI Number  
**59-3100260**

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

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 below of registered agent and, if not applicable,

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

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME  
**P GRANT, LINDA F.  
7334 LITTLE ROAD  
NEW PORT RICHEY FL**

11 TITLE ☐ DELETE

NAME  
**VST GRANT, CHARLES  
7334 LITTLE ROAD  
NEW PORT RICHEY FL**

11 TITLE ☐ DELETE

NAME  
**VST GRANT, CHARLES  
7334 LITTLE ROAD  
NEW PORT RICHEY FL**

11 TITLE ☐ DELETE

NAME  
**VST GRANT, CHARLES  
7334 LITTLE ROAD  
NEW PORT RICHEY FL**

11 TITLE ☐ DELETE

NAME  
**VST GRANT, CHARLES  
7334 LITTLE ROAD  
NEW PORT RICHEY FL**

11 TITLE ☐ DELETE

NAME  
**VST GRANT, CHARLES  
7334 LITTLE ROAD  
NEW PORT RICHEY FL**

11 TITLE ☐ DELETE

NAME  
**VST GRANT, CHARLES  
7334 LITTLE ROAD  
NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Grant Jr.* VICE PRESIDENT **CHARLES GRANT JR.** 02-01-96 813-843-0290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)