

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S99579** (2)

1. Corporation Name  
**LINDSEY'S KIDDIE KORNER, INC.**



Principal Place of Business: **1202 WISCONSIN AVE ST. CLOUD FL 34729**  
Mailing Address: **1202 WISCONSIN AVE ST. CLOUD FL 34729**

3. Date Incorporated or Qualified: **12/11/1991**  
3a. Date of Last Report: **03/23/1995**  
4. FEI Number: **59-3104088**  
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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**HOYLE, MARION  
1202 WISCONSIN AVE  
ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent  
**81 Name Sherri Austin  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 206 Kentucky Ave  
84 City St. Cloud FL 85 Zip Code 34769**

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: *Sherri Austin*  
Signature, typed or printed name of registered agent and director, as applicable.

DATE: **2-19-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOYLE, MARION</b>	
STREET ADDRESS	<b>207 FLAGLER CT.</b>	
CITY - ST - ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AUSTIN, SHERRI</b>	
STREET ADDRESS	<b>206 KENTUCKY AVE.</b>	
CITY - ST - ZIP	<b>ST. CLOUD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	<b>Director Stacy Kline 1500 Louisiana Ave. St. Cloud, FL 34769</b>
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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: *Sherri Austin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2-19-96**  
TELEPHONE: **(407) 957-6881**

CR2E034 (12/95)