

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34769-3634

2. Principal Place of Business

21 1207 Vermont Ave.

Suite, Apt. #, etc.

22 City & State

23 St. Cloud, FL

24 Zip

25 Country

26 34769

2a. Mailing Address

26 1207 Vermont Ave.

Suite, Apt. #, etc.

27 City & State

28 St. Cloud, FL

29 Zip

30 Country

31 34769

9. Name and Address of Current Registered Agent

AUSTIN, SHERRI
206 KENTUCKY AVENUE
ST. CLOUD FL 34769

3. Date Incorporated or Qualified

12/11/1991

3a. Date of Last Report

03/01/1996

4. FEI Number

59-3104088

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME HOYLE, MARION
STREET ADDRESS 207 FLAGLER CT.
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ DELETE

D
NAME AUSTIN, SHERRI
STREET ADDRESS 206 KENTUCKY AVE.
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ DELETE

D
NAME KLINE, STACY
STREET ADDRESS 1500 LOUISIANA AVE.
CITY-ST-ZIP ST. CLOUD FL 34769

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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

FILED
May 20 1997 8:00am
Secretary of State



CR2E034 (9/96)