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

STREET ADDRESS CITY-SI-ZIP

STREET ADDRESS

TITLE

NAME

FILED Apr 22 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** S99579 LINDSEY'S KIDDIE KORNER, INC. Principal Place of Business Mailing Address 1207 VERMONT AVE 1207 VERMONT AVE ST. CLOUD FL 34729 ST. CLOUD FL 34729 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/11/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3104088 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\simega\) No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **AUSTIN. SHERRI 206 KENTUCKY AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) ST. CLOUD FL 34769 City Zip Code 85 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 txith, 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 original provisions of Section 607.0505 Florida Statutes. LIX OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HOYLE, MARION NAME 12 NAME 207 FLAGLER CT. STREET ADDRESS 1.3 STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE ■ Addition TITLE Change 21 TITLE **AUSTIN, SHERRI** NAME 22 NAME 206 KENTUCKY AVE STREET ADDRESS 23 STREET ADDRESS ST. CLOUD FL CITY-ST-ZIF 2.4 CITY-ST-ZIP DELFTE Addition THILE 31 TITLE KLINE, STACY NAME 3.2 NAME 1500 LOUISANA AVE. STREET ADDRESS 3.3 STREET ADDRESS ST. CLOUD FL 34769 CITY-ST-ZIF 34. CITY-ST-ZIP DELFTE ___ Addition TITLE 4 1 THLE NAME 4. 2 NAME STREET ACIDRESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP TITLE DELFTE 5.1 TITLE Change Addition NAME 5.2 NAME

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

6.1 1ITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

Change

Addition

5.4 C(1Y - S1 - Z(P

DELETE