FILE NOW: FILING FEE AFTER [redacted]

CORPORATION ANNUAL REPORT

1995

FLO[redacted]

DIVISION [redacted]

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SECRET[redacted] STATE
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95 JUN -1 AM 9:11

DOCUMENT # **V03569** **(3)** [redacted]

1. Corporation Name

LITTLE FRIENDS DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
125 S.E. 4TH STREET **WILLISTON FL 32696**	**125 S.E. 4TH STREET** **WILLISTON FL 32696**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1991**	3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-3111452**	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FAIRCLOTH, META **125 S.E. 4TH STREET** **WILLISTON FL 32696**	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 _____ DATE
(Signature, typed or printed name, of registered agent and title, if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FAIRCLOTH, META P.	12 NAME	
STREET ADDRESS	125 SE 4TH ST.	13 STREET ADDRESS	
CITY ST ZIP	WILLISTON FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Meta P. Faircloth 5-31-95 (904) 528-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **V03868** **(9)**

1. Corporation Name
LIMITED EDITION DEVELOPERS, INC.

Principal Place of Business	Mailing Address
~~350 D WEST 9 MILE ROAD~~ PENSACOLA FL 32534	350 D WEST 9 MILE ROAD PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 10184 Fox Run Rd
22 Suite, Apt #, etc
23 City & State: Pensacola FL
24 Zip: 32514 25 Country: Escambia

2a. Mailing Address
26 P.O. Box 7025
27 Suite, Apt #, etc
28 City & State: Pensacola FL
29 Zip: 32534 30 Country: Escambia

4. FEI Number: 59-3102142 ☐ 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

9. Name and Address of Current Registered Agent

EATON, CHARLES
9340 CHISHOLM RD
PENSACOLA FL 32514

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 the 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PAEDAE, DON C.	12 NAME	
STREET ADDRESS	3216 WINDMILL CR	13 STREET ADDRESS	
CITY ST ZIP	CANTONMENT FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NOEL, RAYMOND	22 NAME	
STREET ADDRESS	341 BOBWHITE DR	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	EATON, CHARLES	32 NAME	
STREET ADDRESS	9340 CHISHOLM RD	33 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NOEL, KARL H.	42 NAME	
STREET ADDRESS	9340 CHISHOLM RD	43 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Director 5/20/95 (904) 477-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **V04677** **(3)**

1. Corporation Name

STORRINGTON PLACE DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
616 ANCHOR RODE DR NAPLES FL 33940 US	801-12TH AVE., S. 4TH FLOOR NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 25010 CYPRESS HOLLOW
Suite, Apt. #, etc. 22: 102
City & State 23: BONITA SPRINGS FL
Zip 24: 33923 Country 25: USA

2a. Mailing Address
26: 25010 CYPRESS HOLLOW
Suite, Apt. #, etc. 27: 102
City & State 28: BONITA SPRINGS FL
Zip 29: 33923 Country 30: USA

4. FEI Number: 59-3142677 ☐ 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

9. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY
801-12TH AVE., S.
4TH FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: LIEBERFARB STANLEY J.
82 Street Address (P.O. Box Number is Not Acceptable): 4001 TAMIAMI TRAIL N
83:
84 City: NAPLES FL 85 Zip Code: 33940

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) (If New Registered Agent, signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	SMITH, ANDREW	12 NAME	APT. 102
STREET ADDRESS	6820 PELICAN BAY BLVD., #145A	13 STREET ADDRESS	25010 CYPRESS HOLLOW
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	BONITA SPRINGS FL. 33923
TITLE	DS	21 TITLE	☑ Change ☐ Addition
NAME	DUNN, MARTIN S.	22 NAME	
STREET ADDRESS	595 13TH AVENUE SOUTH	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: ANDREW SMITH 5-30-95 813-498-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP