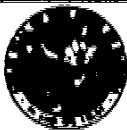


FILE NOW: FILING FEE AFTER M

CORPORATION
ANNUAL REPORT
1995



FLO
DIVISION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -1 AM 9:11

DOCUMENT # V03569 (3)

1. Corporation Name

LITTLE FRIENDS DAY CARE CENTER, INC.

Principal Place of Business

125 S.E. 4TH STREET
WILLISTON FL 32696

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3111452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

21

Suite, Apt. #, etc

26

Suite, 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

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

(Signature: typed or printed name of registered agent and State of application)

(If NE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

FAIRCLOTH, META P.

STREET ADDRESS

125 SE 4TH ST.

CITY ST ZIP

WILLISTON FL

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

65-31-95 (904) 528-2822

Date

Signature Number

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 # **V03868** (9)

1. Corporation Name

LIMITED EDITION DEVELOPERS, INC.

Principal Place of Business

**350 D WEST 9 MILE ROAD
PENSACOLA FL 32534**

Mailing Address

**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

2a. Mailing Address

26 P.O. Box 7025

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 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

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PAEDAE, DON C.**
STREET ADDRESS **3216 WINDMILL CR**
CITY ST ZIP **CANTONMENT FL**

TITLE **D**
NAME **NOEL, RAYMOND**
STREET ADDRESS **341 BOBWHITE DR**
CITY ST ZIP **PENSACOLA FL**

TITLE **D**
NAME **EATON, CHARLES**
STREET ADDRESS **9340 CHISHOLM RD**
CITY ST ZIP **PENSACOLA FL**

TITLE **D**
NAME **NOEL, KARL H.**
STREET ADDRESS **9340 CHISHOLM RD**
CITY ST ZIP **PENSACOLA FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

5/20/95 (904) 477-132

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V04677 (3)

1. Corporation Name
STORRINGTON PLACE DEVELOPMENT COMPANY, INC.

Principal Place of Business 816 ANCHOR RODE DR NAPLES FL 33940 US	Mailing Address 801-12TH AVE., S. 4TH FLOOR NAPLES FL 33940
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 25010 CYPRESS HOLLOW Suite, Apt. #, etc. 102 City & State BONITA SPRINGS FL Zip 33923	2a. Mailing Address 26 25010 CYPRESS HOLLOW Suite, Apt. #, etc. 102 City & State BONITA SPRINGS FL Zip 33923
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3. Date Incorporated or Qualified 01/08/1992	3a. Date of Last Report 05/01/1994
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

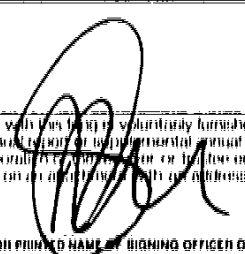
81 Name **LIEBERFARB, STANLEY J.**
82 Street Address (P.O. Box Number is Not Acceptable) **4001 TAMiami TRAIL N**
83
84 City **NAPLES** **FL** **85 Zip Code** **33940**

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 of the person named as registered agent and the corporation's board of directors)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DP	1.1 NAME SMITH, ANDREW	1.1 TITLE ☒ Change ☐ Addition	
1.2 STREET ADDRESS 6820 PELICAN BAY BLVD., #145A	1.2 NAME APPT. 102	1.2 NAME	
1.3 CITY, ST, ZIP NAPLES FL	1.3 STREET ADDRESS 25010 CYPRESS HOLLOW	1.3 STREET ADDRESS	
2.1 TITLE DS	2.1 NAME DUNN, MARTIN S.	2.1 NAME	
2.2 STREET ADDRESS 595 13TH AVENUE SOUTH	2.2 STREET ADDRESS	2.2 STREET ADDRESS	
2.3 CITY, ST, ZIP NAPLES FL	2.3 CITY, ST, ZIP	2.3 CITY, ST, ZIP	
3.1 TITLE	3.1 NAME	3.1 NAME	
3.2 STREET ADDRESS	3.2 STREET ADDRESS	3.2 STREET ADDRESS	
3.3 CITY, ST, ZIP	3.3 CITY, ST, ZIP	3.3 CITY, ST, ZIP	
4.1 TITLE	4.1 NAME	4.1 NAME	
4.2 STREET ADDRESS	4.2 STREET ADDRESS	4.2 STREET ADDRESS	
4.3 CITY, ST, ZIP	4.3 CITY, ST, ZIP	4.3 CITY, ST, ZIP	
5.1 TITLE	5.1 NAME	5.1 NAME	
5.2 STREET ADDRESS	5.2 STREET ADDRESS	5.2 STREET ADDRESS	
5.3 CITY, ST, ZIP	5.3 CITY, ST, ZIP	5.3 CITY, ST, ZIP	
6.1 TITLE	6.1 NAME	6.1 NAME	
6.2 STREET ADDRESS	6.2 STREET ADDRESS	6.2 STREET ADDRESS	
6.3 CITY, ST, ZIP	6.3 CITY, ST, ZIP	6.3 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied herein was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 and am authorized or have been 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 addition to both of addresses.

SIGNATURE:  **ANDREW SMITH** 5-30-95 813-498-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR