

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V07353 (8)
1. Corporation Name
SHARING TREE PRE-SCHOOL, INC.



Principal Place of Business
10850 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

Mailing Address
10850 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/16/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3105920	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRATTON, BRENDA J.
11047 MARBON MEADOWS DRIVE new address
JACKSONVILLE FL 32223
9925 Orchard Hills Rd
Jacksonville, FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CST	11 TITLE	DM
NAME	BRATTON, DENNIS A.	12 NAME	David Farber
STREET ADDRESS	10850 OLD ST. AUGUSTINE RD	13 STREET ADDRESS	9252 San Jose Blvd #403
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville FL
TITLE	DMP	21 TITLE	DM
NAME	BRATTON, BRENDA J.	22 NAME	Jennifer Farber
STREET ADDRESS	10850 OLD ST. AUGUSTINE RD.	23 STREET ADDRESS	9252 San Jose Blvd #403
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville FL
TITLE	DM	31 TITLE	
NAME	BRATTON, JACOB L.	32 NAME	
STREET ADDRESS	3283 BROKEN BRANCHE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	DM	41 TITLE	
NAME	BRATTON, JENEAN E.	42 NAME	
STREET ADDRESS	3283 BROKE BRANCH	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	DM	51 TITLE	
NAME	BRATTON, JASON D.	52 NAME	
STREET ADDRESS	12385 CARRIAGE CROSSING CT	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	DM	61 TITLE	
NAME	BRATTON, ANGELA	62 NAME	
STREET ADDRESS	12385 CARRIAGE CROSSING CT.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I 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 recorder 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 Brenda J. Bratton 1-21-98 9042602015

CR2E034 (10/97)