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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90063 029 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07353

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

3. Date Incorporated or Qualified

01/16/1992

4. FEI Number

59-3105920

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRATTON, BRENDA J.
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)

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

Brenda J. Bratton
Signature, typed or printed name of registered agent or officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-99

12. OFFICERS AND DIRECTORS

TITLE CST
NAME BRATTON, DENNIS A.
STREET ADDRESS 10850 OLD ST. AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DMP
NAME BRATTON, BRENDA J.
STREET ADDRESS 10850 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DM
NAME BRATTON, JACOB L.
STREET ADDRESS 3283 BROKEN BRANCHE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DM
NAME BRATTON, JENEAN E.
STREET ADDRESS 3283 BROKE BRANCH
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DM
NAME BRATTON, JASON D.
STREET ADDRESS 12365 CARRIAGE CROSSING CT
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DM
NAME BRATTON, ANGELA
STREET ADDRESS 12365 CARRIAGE CROSSING CT.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DM ☐ Change ☒ Addition
1.2 NAME FARBER, DAVID L.
1.3 STREET ADDRESS 7607 FAWN LAKE DR. NORTH
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

2.1 TITLE DM ☐ Change ☒ Addition
2.2 NAME FARBER, JENNIFER E.
2.3 STREET ADDRESS 7607 FAWN LAKE DR. NORTH
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99

904-260-2015

CR2E034 (11/98)