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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:17

DOCUMENT # **V27457** **(3)**

1. Corporation Name
KIDS CORNER OF CRESTVIEW, INC.

Principal Place of Business	Mailing Address
2922 2ND AVE CRESTVIEW FL 32536 US	2922 SECOND AVE. CRESTVIEW FL 32536-2841 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1992
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 52-1777346 ☐ 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

RICE, DALE E. SR.
215 HIGHWAY 90 EAST
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name: Burress, Dorothy F
82 Street Address (P.O. Box Number is Not Acceptable): 105 Cedar Point Rd
83
84 City: Crestview FL 85 Zip Code: 32536

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: Dorothy F Burress Director Dorothy F. Burress 5-25-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Required if agent changes) (Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	~~WILHELM, JAMES F.~~	12 NAME	Burress, Dorothy F.	
STREET ADDRESS	~~6105 BUD MOULTON RD.~~	13 STREET ADDRESS	105 cedar Point Rd.	
CITY-ST-ZIP	~~CRESTVIEW FL~~	14 CITY-ST-ZIP	Crestview Fl 32536	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	~~WILHELM, KATHLEEN B.~~	22 NAME	Burress, Milburn K.	
STREET ADDRESS	~~6105 BUD MOULTON RD.~~	23 STREET ADDRESS	105 cedar Point Rd.	
CITY-ST-ZIP	~~CRESTVIEW FL~~	24 CITY-ST-ZIP	Crestview Fl 32536	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	~~BURRESS, MILBURN K.~~	32 NAME		
STREET ADDRESS	~~105 CEDAR POINT RD.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~CRESTVIEW FL~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~BURRESS, DOROTHY F.~~	42 NAME		
STREET ADDRESS	~~105 CEDAR POINT RD.~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~CRESTVIEW 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: Dorothy F. Burress Dorothy F. Burress 5-25-95 904 689-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470172 FP