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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(1)

DOCUMENT #

1. Corporation Name FARLY LEARNING SCHOOL SUPPLY, INCORPORATED

CALLE ELAHAMA OUNGE SELVEN MOSIN SAMES									
Principal Place o 302 E PARK S AUBURNDALE	T .	Mailing Address 302 E PARK ST AUBURNDALE FL 33823 US							
US					3. Date Incorporated or Qualified 05/12/1992 3a. Date of Last Report 08/08/1995			5	
2. Principal Plac	ce of Business	2a. Mailing Address	- b. n - y			4. FET Number 59-3157474			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip Country		Zip	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
24	25	29	30			10. Name and Address of New F		Agent	
	9. Name and Address of Curre	nt Hegistered Agent		BI	Name	10. 114110 0.10			
302 E. P.	, TERRIE L. ARK STREET			82		ress (P.O. Box Number is Not Acceptat	ile)		
AUBURN	DALE FL 33823			83					
				84	City		FI	85 Zı	p Code
or registere familiar with	o the provisions of sections during a diagent, or both, in the State of Floich, and accept the obligations of, Sec	riga Such change was aunic Ltion 607.0505, Florida Statu	ites.	: со р	Organis Fox	oration submits this statement for the pu and of directors. I hereby accept the app নাজনা অংশমান্ত্ৰ	DATE		
12.		ND DIRECTORS	13	١ <u>. </u>		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	Addition
TITLE	0	☐ DELETE		i Tif.E				Change	C Addition
NAME	HOWELL, TERRIE L.		12	NAME					
STREET ADDRESS	1252 KEYSTONE COURT				ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL			CITY-S	57 - 719			Change	Addition
TITLE		☐ DELETE		1 TITLE				onlings	
NAMÉ				NAME					
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP		☐ DELETE		CITY-S STIDLE	51 - 211			☐ Change	Addition
TITLE				NAME					
NAME					T ADORESS				
STREET ADDRESS			3 4	4 CITY -	S1 - ZIP				
CITY-ST-Z:P		DELETE	4	1 TI LE				☐ Change	Addition
NAME			4:	2 NAME					
STREET ADDRESS			4:	3 STREE	LADURESS				
CITY-ST-ZIP			4	4 Cl1 Y -	ST-ZIF				
TITLE		☐ DELETE	5	1 THLE				☐ Change	Addition
NAME			5	2 NAME					
STREET ADDRESS			5	3 STHEE	1 ADDRESS				
C1TY - S1 - 21P			5	4 CI · Y ·	ST-ZIP				[] Add for
TITLE		DELETE	6	1 TITLS				Change	Add-tion
NAME			6	2 NAME					
CTREET ADDRESS	1		6	3 STREE	ET ADDRESS				

6.4 CHY - ST - ZIP

SIGNATURE: __

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 cartify that I am an officer or director of this corporation or the receiver or trustee empowe ed 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. 4-25-96 941-965-3764