

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V62853** (9)

1. Corporation Name

**ABC LEARNING CENTER OF PACE INC.**



Principal Place of Business

**3655 HIGHWAY 80  
PACE FL 32571**

Mailing Address

**3655 HIGHWAY 80  
PACE FL 32571**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JONES, PAULA J.  
9009 CARIBBEAN DR  
PENSACOLA FL 32508**

3. Date Incorporated or Qualified

**09/08/1992**

3a. Date of Last Report

**06/09/1995**

4. FEI Number

**59-3139814**

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

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 607.1506, 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 if not applicable

Signature, typed or printed name of registered agent and if not applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**P**

NAME

**JONES, PAULA J  
9009 CARIBBEAN DR  
PENSACOLA FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VP**

NAME

**ROEMER, SHANNON  
4813 BIRCHWOOD  
PENSACOLA FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**S**

NAME

**MCLACHLAN, SAWN  
470 MAPLE LEAF CR  
PENSACOLA FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**T**

NAME

**ROEMER, PATRICIA  
4813 BIRCHWOOD  
PENSACOLA FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**C**

NAME

**POPE, MICHAEL  
9009 CARIBBEAN DR  
PENSACOLA FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**C**

NAME

**POPE, MICHAEL  
9009 CARIBBEAN DR  
PENSACOLA FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**C**

NAME

**POPE, MICHAEL  
9009 CARIBBEAN DR  
PENSACOLA FL**

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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 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 on an attachment with an address.

SIGNATURE:

*Paula Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paula Jones*

*5/24/96*

*(904) 994-0521*

DATE

TELEPHONE #

CR2E034 (12/95)