

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N42017

Entity Name: AMIKIDS GAINESVILLE, INC.

Current Principal Place of Business:

6815 SW ARCHER RD.
GAINESVILLE, FL 32608

Current Mailing Address:

AMIKIDS, INC.
5915 BENJAMIN CENTER DR.
TAMPA, FL 33634 US

FEI Number: 59-3048922

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY & BUSEY
ONE INDEPENDENT DRIVE SUITE 3300
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name THORNTON, MICHAEL
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

Title C
Name MCDONALD, BRYAN
Address 6815 SW ARCHER RD.
City-State-Zip: GAINESVILLE FL 32608

Title D
Name SLAUGHTER PICKENS, KRISTIN
Address 6815 SW ARCHER RD.
City-State-Zip: GAINESVILLE FL 32608

Title D
Name MUNSON, JOE DR.
Address 6815 SW ARCHER RD.
City-State-Zip: GAINESVILLE FL 32608

Title D
Name BRYANT, ASHLEY
Address 6815 SW ARCHER RD.
City-State-Zip: GAINESVILLE FL 32608

Title D
Name THOMAS, MARTERRICUS
Address 6815 SW ARCHER RD.
City-State-Zip: GAINESVILLE FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL THORNTON

DIRECTOR

07/17/2020

Electronic Signature of Signing Officer/Director Detail

Date