2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2020
Secretary of State
4898741812CC

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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	Title	C
Name	THORNTON, MICHAEL	Name	MCDONALD, BRYAN
Address	5915 BENJAMIN CENTER DRIVE	Address	6815 SW ARCHER RD.
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	GAINESVILLE FL 32608
Title	D	Title	D
Name	SLAUGHTER PICKENS, KRISTIN	Name	MUNSON, JOE DR.
Address	6815 SW ARCHER RD.	Address	6815 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608
Title	D		
Name	BRYANT, ASHLEY		
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 06/30/2020

Electronic Signature of Signing Officer/Director Detail — Date