

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42179

**Entity Name:** AMIKIDS PENSACOLA, INC.**Current Principal Place of Business:**3685 MULDOON ROAD  
PENSACOLA, FL 32526**Current Mailing Address:**AMIKIDS, INC.  
5915 BENJAMIN CENTER DR.  
TAMPA, FL 33634**FEI Number:** 59-3051944**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 T  
Name RIGBY, JESSE W  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name HATLER, RYAN  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title P  
Name BRANCH, LAURA  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name SHUMAN, PAUL D.  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

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

Title D  
Name HOFFMAN, STEPHANIE  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name CASEY, JESSE E.  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title C  
Name BALLINGER, MALCOLM  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

**Continues on page 2**

*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****03/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title S  
Name CRAWFORD, MEREDITH  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name MOORER, TRACIE  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name WILLIAMS, CHERI  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name BROWN, JACK  
Address 3685 MULDOON ROAD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name ROBINSON, REGINALD  
Address 640 ROBERTS AVENUE  
BLDG 3780 CORRY STATION  
City-State-Zip: PENSACOLA FL 32502