

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42179

Entity Name: AMIKIDS PENSACOLA, INC.**Current Principal Place of Business:**640 ROBERTS AVENUE
BLDG. 3780 CORRY STATION
PENSACOLA, FL 32502**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
225 WATER STREET., STE 1800
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	C
Name	RIGBY, JESSE W
Address	640 ROBERTS AVENUE BLDG. 3780 CORRY STATION
City-State-Zip:	PENSACOLA FL 32502

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

Title	S, T
Name	JONES, OLIVER
Address	640 ROBERTS AVENUE BLDG. 3780 CORRY STATION
City-State-Zip:	PENSACOLA FL 32502

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

Title	VP
Name	HATLER, RYAN
Address	640 ROBERTS AVENUE BLDG. 3780 CORRY STATION
City-State-Zip:	PENSACOLA FL 32502

Title	P
Name	HOFFMAN, STEPHANIE
Address	640 ROBERTS AVENUE BLDG. 3780 CORRY STATION
City-State-Zip:	PENSACOLA FL 32502

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****04/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date