

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 507800  
1. Corporation Name  
HOGAN LANE DAY CARE, INC.

(1)

Principal Place of Business  
8019 HOGAN COVE DRIVE  
JACKSONVILLE FL 32221-6616  
US

Mailing Address  
8019 HOGAN COVE DRIVE  
JACKSONVILLE FL 32221-7603  
US

3. Date Incorporated or Qualified 07/26/1976  
3a. Date of Last Report 01/26/1996  
4. FEI Number 59-1678936  
Applied For Not Applicable  
6. 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

2. Principal Place of Business  
21 8019 Hogan Cove Dr.  
22 Jacksonville, FL  
23 32221  
24 Duval

2a. Mailing Address  
26 8019 Hogan Cove Dr.  
27 Jacksonville, FL  
28 32221  
29 Duval

9. Name and Address of Current Registered Agent  
WOLF, W.A.  
3733 UNIVERSITY BLVD. W. SUITE 203  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 700002240007--4  
84 City -07/16/97--01105--025  
\*\*\*165.00FL\*\*\*165.00

11. Pursuant to the provisions of Sections 607.0902 and 607.1500, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows include HOGAN, TODD W., HOGAN, SHARON, GRAF, RICHARD J., and LITWIN, AMY HOGAN.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a CHANGE/ADDITION checkbox. Includes handwritten notes: '1-3-97', '# 3153', 'Spoke w/ Angela', 'Void 6/30/97', 'reissue new check + send letter w/ explanation'.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement, and that of the officers and directors, 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, and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I have attached with this report the following information: \_\_\_\_\_  
SIGNATURE: Sharon Hogan, President/Director  
1-3-97 (904) 786-6361

# HOGAN LANE DAY CARE, INC.

*pg. 2 of 2*

June 30, 1997

Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

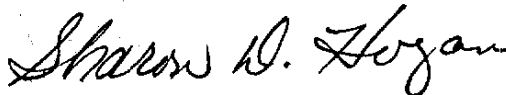
RE: Annual Report for 1997  
Hogan Lane Day Care, Inc.

Gentlemen:

Enclosed please find a photo copy of my Annual Report for 1997. I submitted the original on January 3, 1997 along with my check #3153. I am sending a photo copy of notification to my attorney, Wayne A. Wolf, that I had filed my annual report. I am also sending a new check, per Angela, in your office. I discovered this error when balancing my check book for second quarter. I figured you were just behind when I balanced at the end of the first quarter!

I would like the old check #3153 to be destroyed or returned to me if it is located. If you require any additional information on this matter, please do not hesitate to contact me.

Respectfully,



Sharon D. Hogan, President  
HOGAN LANE DAY CARE, INC.  
(904) 786-6361

SDH/me

Enclosures