


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

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 507800 (1)</b> 1. Corporation Name <b>HOGAN LANE DAY CARE, INC.</b>		



Principal Place of Business <b>8019 HOGAN COVE DRIVE JACKSONVILLE FL 32221-6616 US</b>	Mailing Address <b>8019 HOGAN COVE DRIVE JACKSONVILLE FL 32221-6616 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 8019 HOGAN COVE DR</b>		2a. Mailing Address <b>26 8019 HOGAN COVE DR.</b>		3. Date Incorporated or Qualified <b>07/26/1976</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1679936</b>	
City & State <b>23 JACKSONVILLE, FL</b>		City & State <b>28 JACKSONVILLE, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32221</b>		Country <b>25 DUVAL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WOLF, W.A. 3733 UNIVERSITY BLVD. W. SUITE 203 JACKSONVILLE FL 32217</b>		30. DUVAL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.		84. City <b>FL</b> 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

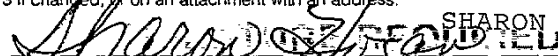
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGAN, TODD W.</b>	1.2 NAME	
STREET ADDRESS	<b>8403 SPRINGTREE ROAD</b>	1.3 STREET ADDRESS	<b>8011 Hogan Cove Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32221</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGAN, SHARON</b>	2.2 NAME	
STREET ADDRESS	<b>1381 HOGAN LANE</b>	2.3 STREET ADDRESS	<b>8028 Hogan Cove Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32221</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAF, RICHARD J.</b>	3.2 NAME	
STREET ADDRESS	<b>1381 HOGAN LANE</b>	3.3 STREET ADDRESS	<b>8028 Hogan Cove Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32221</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITWIN, AMY HOGAN</b>	4.2 NAME	
STREET ADDRESS	<b>1381 HOGAN LANE</b>	4.3 STREET ADDRESS	<b>8019 Hogan Cove Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32221</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



SHARON HOGAN, PRESIDENT/DIRECTOR

1/9/98 (904) 786-6361 0044709

CR2E034 (10/97)