FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H23343 **DOCUMENT #**

(7)

1. Corporation VILLAS	PRESCHOOL AND CHILD	CARE CENTER, INC.							
Principal Place 8368 BEACO C/O JOHN F FT. MYERS I US	n BLVD P. Milligan Jr.	Mailing Address 1500 Colonnal Blvd. Suite 103 Ft. Myers fl 33907 US			3. Date Incorporated or Qualified	3a. Date o			
A D						05/	J1/198	<i>1</i> 5	
2. Principal Pla 21	ace of Business	2a. Mailing Adoress 26			4. FEI Number				
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	П	\$8.75	Additional	
City & State	 }	City & State			6. Election Campaign Financing			Required May Be	
23		28			Trust Fund Contribution			d to Fees	
Ζφ 24	Country 25	Zip	 1			8. This corporation has liability for	ntangible tax	under s	199.032
<u> </u>	9. Name and Address of Currer	29 nt Registered Agent	30	T		Florida Statutes V Yes No 10. Name and Address of New Registered Agent			
				81	Name	10.	ogiotoro Ag	- Cite	
	IN, JOHN P. JR.		1	82	Street Ad-	Address (P.O. Box Number is Not Acceptable)			
	olonial blvd ERS FL 33907		ļ						
11.111	.110 T E 30807			83					
				84	City			FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	arki 607.1508, Florida Statut	es, the above	70 T	named corp	oration submits this statement for the pur	cose of chang	<u>I</u> jing its re	egistered office
familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sept	uai Sucri change was aumonz ion 607.0505, Fiorida Statutes	ed by the o S	orpe	oration's bo	and of directors. Thereby accept the app	ointment as re	gistered	agent Lam
SIGNATURE	Signature: typed or protective reprinciple represent agout								
12.	OFFICERS AN	D DIRECTORS	13.	AAL PERSON	1.5 graf Hertogin	ADDITIONS/CHANGES TO OFF	CERS AND D	RECTO	RS IN 12
TITLE	DP TOUR MARY DOWN	DELETE		1.6				Change	☐ Addition
NAME	TRUMMEL, DON 2466 WOODLAND CIRCLE		1.2 NA	2 NAME 3 STREET ALBORESS					
STREET ADDRESS	FT. MYERS FL		1381						
CITY-ST ZIP	<u> </u>		1.4 CI		1 - 719				
TITLE NAME	TRUMMEL, KATHLEEN	☐ DECETE	DECEME 2.1 TO 2.2 NA					Change	☐ Addition
STREET ADDRESS	2466 WOODLAND CIRCLE			3 STREET ADDRESS					
CiTY - ST - ZiP	FT. MYERS FL			24 CITY ST Z.P					
TITLE		☐ DELETE	3 1 11	_				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3 3 51	REET	ADDRESS				
CITY-ST-ZIP		E) belete	3 4 C T		1 - 7,6				
TITLE		[] DELFTE	4 1 7 7					Change	Addition
NAME STREET ADDRESS			4.2 NA		4568500				
					ADDRESS				
CITY-ST ZIP TITLE		DELETE	4 4 CH 5 1 TH		1 - ZIP			Change	Addition
NAME			5 1 III				LJ	onanyr:	□ vanitali
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP									
TITLE				DITY-ST-ZIP TITLE				Change	Addition
NAME		_	6.2 NA				Ų	•	
STREET ADDRESS			6.3 STREET ADDRESS						
					1				I

City SI-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Ficrida Statutes I further certify that the information indicated on this arimus' 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 13.9 Hungers or on an attachment with an address.

SIGNATURE:

SIGNUTURE ON PRINTED NAME OF SIGNING OFFICER DEL DIRECTOR TRUMME! 4/22/96 941-936-1461

CR2E034 (12/95)