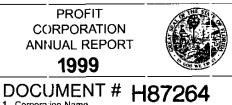
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

ARLINGTON HILLS DAY SCHOOL, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90019 049 ***150.00

|--|

Principal Place of Business Mailing Address						
C/O JUDITH D		2209 UNIVERSITY BLVD N				
2209 UNIVEFSITY BLVD. N JACKSONVILLE FL 32211						DO NOT WRITE IN THIS SPACE
JACKSONVILLE	E FL 32211	US				
US						3. Date Ir corporated or Qualifed
						11/27/1985
L '	2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-26 14235 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22 27						
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Add ess of Currer	nt Registered Agent	1			10. Name and Address of New Registered Agent
				81	Name	
ICW	LF, WAYNE A.					(D.O. D. M. Harris Net Assessed)
373	3 UNIVERSITY BOULEVARD			82	Street Add	ddress (P.O. Box Number is Not Acceptable)
l	106			83		
	KSONVILLE FL 32217					
0,10		بينا لمغير		84	City ,	FL 85 Zip Code
		18/63/828/8/9				• = 1 - 1 - 1 - 1 - 1
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu -of Florida, Such change was ∂	es, the al uthorized	ove- bv tl	named con ne corporat	proration submits this statement for the purpose of changing its registered ation's board of cirectors. I hereby accept the appointment as registered
agent. a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	ites.		
SIGNATURE						
SIGNATURE	Signature, typed or printed nai re of registered age	ent and title if applicable. (NOTE	: Registered	Agent	signature requir	u red when reinstating) DATE
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12
TITLE	DPT	DELETE	1 1 TIT	LE		☐ Change ☐ Addition
NAME	LONG, JUDITH D.		1.2 NAME			
STREET ADDRESS	4085 COVE ST JOHNS		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CI	Y-ST-	ZIP	
TITLE	S	DELETE		2.1 TITLE		Change Addition
NAME	LONG. PARRIS C.		22 NA	2.2 NAME		
1	MAR COULT OF ICUING			2.3 STREET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL.	☐ DELETE		2. 4 CITY- ST- ZIP 3.1 TITLE		Change Addition
TITLE		□ DECE IE				_ ondings
NAME			3.2 NA	ME		
STREET ADDRESS	6		3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4. C	TY-ST	-ZIP	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4, 2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
J				IY-ST-		
CITY-ST-ZIP		DELETE	5 1 TIT		<u> </u>	☐ Change ☐ Addition
TITLE			3 1 1 1			
			5.2 NA			2 - 3

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 3)(i), 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 εxecute 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 attent nent with an address, with a lother like empowered.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

Judith D. Long

☐ DELETE

(904)744-3582

260

Daytime Phone #

Change

Addition