

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J16158 (4)**

1. Corporation Name

MUNCHKINLAND CHILD CARE CENTER, INC.



Principal Place of Business

Mailing Address

4002 GARDEN STREET
TITUSVILLE FL 32796

4002 GARDEN STREET
TITUSVILLE FL 32796

3. Date Incorporated or Qualified
05/27/1986

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **4002 GARDEN ST. Titusville FL**

26 **4002 GARDEN STREET**

4. FEI Number

59-2700032

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Titusville, FL

28 City & State

Titusville, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **32796**

Country

FLORIDA

29 Zip **32796**

Country

FLORIDA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTLETT, GARY K.
4002 GARDEN STREET
TITUSVILLE FL 32796**

81 Name **BARTLETT GARY K.**

82 Street Address (P.O. Box Number is Not Acceptable)
4002 GARDEN STREET

83

84 City **Titusville**

FL

85 Zip Code **32796**

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

Gary K. Bartlett

(NOTE: Registered Agent signature required when re-registering)

DATE

3/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLETT, GARY K.	
STREET ADDRESS	4002 GARDEN STREET	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BARTLETT, CAROL LYNN	
STREET ADDRESS	4002 GARDEN STREET	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTLETT, CAROL LYNN	
STREET ADDRESS	4002 GARDEN STREET	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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), 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, changed, or on an attachment with an address.

SIGNATURE:

Gary K. Bartlett

GARY K. BARTLETT

3/7/96

(407) 639-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)