

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48765 (8)

1. Corporation Name

CORY'S CHILD CARE CENTER OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

**% JOHN GRAHAM, II
575 ROYAL PALM BLVD
VERO BEACH FL 32960**

**% JOHN GRAHAM, II
575 ROYAL PALM BLVD
VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/24/1986** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-2734972** 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for corporate tax under 1993 Code Florida Statutes ☐ Yes ☒ No

2. Principal Name of Business

2a. Mailing Address

21 State Apt # etc.

26 State Apt # etc.

22 City & State

27 City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAHAM, JOHN, II
575 ROYAL PALM BLVD
VERO BEACH FL 32960**

81 Name

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

83

84 City

FL

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 of Registered Agent and Director

Signature of Agent (Signature required when changing)

Date

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
GRAHAM, JOHN II
575 ROYAL PALM BLVD
VERO BEACH FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY, ST, ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and is true and correct for the corporation stated in Section 11 (1)(b)(3)(d) Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit with an address.

SIGNATURE:

John Graham II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/95 407/562-0444