

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

**APPROVED
AND
FILED**

95 MAY 23 11:10:15

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Moorman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049831 (9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALPHABET GANG CHILDCARE, INC.

Principal Place of Business: 3615 N PINEHILLS ROAD ORLANDO FL 32808
Mailing Address: 3615 N PINEHILLS ROAD ORLANDO FL 32808

(Delete what is not applicable)

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or organized	3a. Date of Last Report
21		26		07/16/1993	05/01/1994
22		27		4. FEI Number	Applied For / Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24		25		6. Election Campaign Financing	
29		30		7. This corporation has safety for intangible tax under Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHAFFER, NANCY J 3615 N PINEHILLS ROAD ORLANDO FL 32808				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 607.06(3) and 607.15(8), Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office to 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 a former officer and/or director of the corporation. I am not a director of the corporation.

SIGNATURE: *Nancy J Schaffer* 5-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	D	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	SCHAFFER, NANCY J	2. NAME	
3. CITY, ST, ZIP	3615 N PINEHILLS RD	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	ORLANDO FL 32808	4. CITY, ST, ZIP	
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. CITY, ST, ZIP		7. CITY, ST, ZIP	
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STREET ADDRESS		9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. CITY, ST, ZIP		10. CITY, ST, ZIP	
11. NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY, ST, ZIP		13. CITY, ST, ZIP	
14. NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. CITY, ST, ZIP		16. CITY, ST, ZIP	

14. This hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.06(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my corporation shall bear the same responsibility as if such information were furnished by an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached form, with my name.

SIGNATURE: *Nancy J Schaffer, Director* 5-14-95 291-8071

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Mottan
Secretary of State
1995-1996

DOCUMENT # **P93000050650 (9)**

ALFRED KINNEY, INC.

RECEIVED
MAY 15 1995
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Location 1857 WELLS RD. STE. 9 ORANGE PARK FL 32073 US		2a. Mailing Address 1857 WELLS RD. STE. 9 ORANGE PARK FL 32073 US		3. Date incorporated or qualified 07/19/1993	3a. Date of Last Report 06/17/1994
21. Filing Agent Name 21	2a. Mailing Address 26		4. FET Number 59-3192358	Applied For Not Applicable	
22. State of Office 22	27. Date of Report 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State 23	28. City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Filing Agent Address 24	25. Filing Agent City & State 25	29. Filing Agent City & State 29	30. Filing Agent City & State 30	6. This corporation has liability for intangible tax under all applicable Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BALL, JOHN S 1 INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3.	
				B4. City	FL
				B5. Zip Code	

11. Pursuant to the provisions of Sections 607.01(1), (2), and 607.01(9) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 hereby authorized to accept the appointment of the registered office Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE(S) TO OFFICERS AND DIRECTORS, IF ANY	
NAME	D KINNEY, ALFRED 4242 ORTEGA BLVD #22 JACKSONVILLE FL 32210	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	
CITY		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		8. NAME	
NAME		9. STREET ADDRESS	
STREET ADDRESS		10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		11. NAME	
CITY		12. STREET ADDRESS	
NAME		13. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
CITY		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the law. I further certify that the information included in this filing is a true and correct copy of the information reported to the Secretary of State and that the signatures shall have the same legal effect as if made on the facts that I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or as an attachment with an address.

SIGNATURE: *Katharyn S. Stepp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

5/16/95
904 76947189

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65 MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanna B. Northam
Secretary of State
Division of CORPORATIONS

DOCUMENT # P93000050720 (0)

1. Corporation Name

J. HOWARD SHEFFIELD, P.A.

Principal Place of Business

**4209 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32217**

Mailing Address

**4209 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32217**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Qualified **07/13/1993** 3a. Date of Last Report **04/21/1994**

4. FET Number **59-3192294** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for election file under the Florida Statutes Yes No

2. Principal Place of Business

21 State Apt # etc

22 City & State

24 Zip

2a. Mailing Address

26 State Apt # etc

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEFFIELD, J. HOWARD
4209 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32217**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. I, the signatory of this report, do hereby certify and attest that the Florida Statutes, the articles, bylaws or certificate of incorporation submitted for the purpose of changing the registered office or principal place of business of this corporation was authorized by the corporation, as required by law, thereby accept the appointment of a registered agent in full compliance with and in acceptance of the obligations of the state and Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. NAME	DPS SHEFFIELD, J. HOWARD
2. STREET ADDRESS	4209 BAYMEADOWS RD #4
3. CITY	JACKSONVILLE FL
4. STATE	
5. ZIP	
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP	

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY		
4. STATE		
5. ZIP		
6. NAME		
7. STREET ADDRESS		
8. CITY		
9. STATE		
10. ZIP		
11. NAME		
12. STREET ADDRESS		
13. CITY		
14. STATE		
15. ZIP		

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.04(1)(b), Florida Statutes. I further certify that the information included in this annual report is a supplemental annual report to that which is available and that my signature shall have the same legal effect and shall be under oath. That I am an officer or director of the corporation or its registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of your filing or on the attached report with an address.

SIGNATURE:

J. Howard Sheffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Howard Sheffield

5-18-95 (904)733-7900