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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # S64809 (4)

1. Corporation Name
THE CHILDREN'S ROOM, INC.

Principal Place of Business: **11531-4 SAN JOSE BLVD JACKSONVILLE FL 32223**

Mailing Address: **11531-4 SAN JOSE BLVD JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/02/1991** 3a. Date of Last Report: **06/24/1994**

4. FEI Number: **50-3071900** 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**

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Zip

9. Name and Address of Current Registered Agent

**COGGIN, LYNNE
10325 MARBLE EGRET DR.
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP COGGIN, LYNNE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGIN, LYNNE	1.2 NAME	
STREET ADDRESS	10325 MARBLE EGRET DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D COGGIN, BOB	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGIN, BOB	2.2 NAME	
STREET ADDRESS	10325 MARBLE EGRET DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	DST GRAHAM, WILLIAM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, WILLIAM	3.2 NAME	
STREET ADDRESS	1518 DEL WEBB	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUN CITY CENTER FL	3.4 CITY - ST - ZIP	
TITLE	D GRAHAM, DORIS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, DORIS	4.2 NAME	
STREET ADDRESS	1518 DEL WEBB	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUN CITY CENTER FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: *Lynne M. Coggin* **Lynne M. Coggin** **4-13-95** **904-292-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #