

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PH 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V09669 (5)

1. Corporation Name
GAIL'S DAYCARE SERVICES, INC.

Principal Place of Business Mailing Address
**5826 NOB HILL BLVD.
PORT ORANGE FL 32127** **5826 NOB HILL BLVD.
PORT ORANGE FL 32127**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/27/1992 **06/06/1994**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
59-3113051 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 intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHMIELARSKI, MARK J.
SECOND FLOOR
125 N. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32714**

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
FL

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

12. OFFICERS AND DIRECTORS
TITLE PVST
NAME **CHMIELARSKI, GAIL**
STREET ADDRESS **5826 NOB HILL BLVD.**
CITY - ST - ZIP **PORT ORANGE FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
2. 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
3. 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
4. 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
5. 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
6. 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

PLEASE SIGN & DATE

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)(h), 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: Gail S. Chmielarski 4-15-95 672-1354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)