

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JAN 25 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 507800 (1)  
1. Corporation Name  
HOGAN LANE DAY CARE, INC.

Principal Place of Business Mailing Address  
1381 HOGAN LANE JACKSONVILLE FL 32221-6616

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2b. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/26/1976	03/08/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1679936	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
WOLF, W.A. 3733 UNIVERSITY BLVD. W. SUITE 203 JACKSONVILLE FL 32217				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				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 607.0502 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, TODD W.	1.2 NAME	
STREET ADDRESS	597 GULFSTREAM TR. SO.	1.3 STREET ADDRESS	8403 Springtree Road
CITY-ST-ZIP	ORANGE PARK, FL 32073	1.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, SHARON	2.2 NAME	
STREET ADDRESS	1381 HOGAN LANE	2.3 STREET ADDRESS	Jacksonville, FL 32221
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAF, RICHARD J.	3.2 NAME	
STREET ADDRESS	597 GULFSTEAM TRAIL S.	3.3 STREET ADDRESS	1381 Hogan Lane
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T
STREET ADDRESS		4.3 STREET ADDRESS	Amy Hogan Litwin
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1381 Hogan Lane
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 119.07(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 its receiver or trustee or authorized 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 attached sheet with an address.

SIGNATURE: *Sharon Hogan* Sharon Hogan, President/Director

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)

DATE

(Typed Name)

1/16/95 (904) 786-6361