

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Cassida B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **507800** (1)

HOGAN LANE DAY CARE, INC.



1381 HOGAN LANE JACKSONVILLE FL 32221-6616

21 8019 Hogan Cove Drive
22
23 Jacksonville
24 32221-6616 Duval
26 8019 Hogan Cove Drive
27
28 Jacksonville
29 32221-6616 Duval

3. Date Incorporated or Qualified: 07/26/1976
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-1679936
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has ability for intangible tax under s. 199.042, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

WOLF, W.A.
3733 UNIVERSITY BLVD. W. SUITE 203
JACKSONVILLE FL 32217

81 Name
82 Street Address (P.O. Box Number is Not Applicable)
83
84 City, FL 85 Zip Code

11. Pursuant to the provisions of Section 607.07, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address stated herein. Said change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS

S HOGAN, TODD W.
8403 SPRINGTREE ROAD
JACKSONVILLE FL
PD
HOGAN, SHARON
1381 HOGAN LANE
JACKSONVILLE FL
VP
GRAF, RICHARD J.
1381 HOGAN LANE
JACKSONVILLE FL
T
LITWIN, AMY HOGAN
1381 HOGAN LANE
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

NAME: [] Change [] Addition
ADDRESS: [] Change [] Addition
CITY: [] Change [] Addition
STATE: [] Change [] Addition
ZIP: [] Change [] Addition
TITLE: [] Change [] Addition
OFFICE ADDRESS: [] Change [] Addition
CITY: [] Change [] Addition
STATE: [] Change [] Addition
ZIP: [] Change [] Addition
OFFICE ADDRESS: [] Change [] Addition
CITY: [] Change [] Addition
STATE: [] Change [] Addition
ZIP: [] Change [] Addition

14. I hereby certify that the information supplied in this report is a true and correct copy for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information in this report was prepared in accordance with the law and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida.

SIGNATURE: Sharon Hogan SHARON HOGAN, President/Director
1/19/96 (904) 786-6361

CR2E034 (12/95)