

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Pg 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

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

(1)

Principal Place of Business
**8019 HOGAN COVE DRIVE
JACKSONVILLE FL 32221-6616
US**

Mailing Address
**8019 HOGAN COVE DRIVE
JACKSONVILLE FL 32221-7603
US**



2. Principal Place of Business
21 **8019 Hogan Cove Dr.**
22 City & State
23 **JACKSONVILLE, FL**
24 **32221** 25 **Duval**

2a. Mailing Address
26 **8019 Hogan Cove Dr.**
27 City & State
28 **JACKSONVILLE, FL**
29 **32221** 30 **DUVAL**

3. Date Incorporated or Qualified **07/26/1976** 3a. Date of Last Report **01/26/1996**
4. FEI Number **59-1678936** 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 intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WOLF, W.A.
3733 UNIVERSITY BLVD. W. SUITE 203
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **700002240007--4**
84 City **-07/16/97--01105--025**
*****165.00FL***165.00**

11. Pursuant to the provisions of Sections 607.0402 and 607.1500, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HOGAN, TODD W.	
STREET ADDRESS	8403 SPRINGTREE ROAD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOGAN, SHARON	
STREET ADDRESS	1381 HOGAN LANE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAF, RICHARD J.	
STREET ADDRESS	1381 HOGAN LANE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LITWIN, AMY HOGAN	
STREET ADDRESS	1381 HOGAN LANE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY- ST- ZIP	
19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 STREET ADDRESS	
21 CITY- ST- ZIP	
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	
24 CITY- ST- ZIP	
25 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 STREET ADDRESS	
27 CITY- ST- ZIP	
28 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 STREET ADDRESS	
30 CITY- ST- ZIP	
31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 STREET ADDRESS	
33 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement, and that of the officers and directors, 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, and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am attaching the following information:

SIGNATURE: Sharon Hogan **Sharon Hogan, President/Director**
1-3-97 (904) 786-6361

RECEIVED

HOGAN LANE DAY CARE, INC.

pg. 2 of 2

June 30, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


RE: Annual Report for 1997
Hogan Lane Day Care, Inc.

Gentlemen:

Enclosed please find a photo copy of my Annual Report for 1997. I submitted the original on January 3, 1997 along with my check #3153. I am sending a photo copy of notification to my attorney, Wayne A. Wolf, that I had filed my annual report. I am also sending a new check, per Angela, in your office. I discovered this error when balancing my check book for second quarter. I figured you were just behind when I balanced at the end of the first quarter!

I would like the old check #3153 to be destroyed or returned to me if it is located. If you require any additional information on this matter, please do not hesitate to contact me.

Respectfully,



Sharon D. Hogan, President
HOGAN LANE DAY CARE, INC.
(904) 786-6361

SDH/me

Enclosures