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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 507800

1. Corporation Name
HOGAN LANE DAY CARE, INC.

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

Mailing Address
**8019 HOGAN COVE DRIVE
 JACKSONVILLE FL 32221-6616
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 8019 HOGAN COVE DRIVE

2a. Mailing Address
26 8019 HOGAN COVE DRIVE

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 JACKSONVILLE, FL

City & State
28 JACKSONVILLE, FL

Zip Country
24 32221 25 DUVAL

Zip Country
29 32221 30 DUVAL

3. Date Incorporated or Qualified
07/26/1976

4. FEI Number
59-1679936

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 owes the current year Intangible Personal Property Tax. 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
84 City **FL** **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

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 DELETE
S
 NAME **HOGAN, TODD W.**
 STREET ADDRESS **8011 HOGAN COVE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE DELETE
PD
 NAME **HOGAN, SHARON**
 STREET ADDRESS **8028 HOGAN COVE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE DELETE
VP
 NAME **GRAF, RICHARD J.**
 STREET ADDRESS **8028 HOGAN COVE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE DELETE
T
 NAME **LITWIN, AMY HOGAN**
 STREET ADDRESS **8019 HOGAN COVE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
**8020 HOGAN COVE DRIVE
 JACKSONVILLE, FL 32221**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Hogan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON HOGAN, PRESIDENT/DIRECTOR
1-11-99 (904) 786-6361

Date

Daytime Phone #

CR2E034 (1/98)