SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:13

DOCUMENT # **628516** **(7)**

1. Corporation Name
ARLINGTON DAY CARE, INC.

Principal Place of Business	Mailing Address
1723 CARPENTER'S RUN BLVD. LUTZ FL 33549	18202 CLEAR LAKE DR. LUTZ FL 33549-3400

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 10/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 907 Symphony Beach Lane
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Apollo Beach, Fl
Zip — 24
Country — 25
Zip — 29: 33572
Country — 30: Hills.

4. FEI Number: 59-1989659 ☐ 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

NIELSEN, CATHY (Same)
~~18202 CLEAR LAKE DR.~~
~~LUTZ, FL. FL 33549~~

10. Name and Address of New Registered Agent

81 Name: Nielsen, Cathy
82 Street Address (P.O. Box Number is Not Acceptable): 907 Symphony Beach Lane
83
84 City: Apollo Beach, FL 85 Zip Code: 33572

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	NIELSEN, CATHRYN E.	12 NAME	Nielsen, Cathryn E	
STREET ADDRESS	~~18202 CLEAR LAKE DR.~~	13 STREET ADDRESS	907 Symphony Beach Lane	
CITY-ST-ZIP	~~LUTZ, FL.~~	14 CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	NIELSEN, RANDALL R.	22 NAME	Nielsen, Randall R.	
STREET ADDRESS	18202 CLEAR LAKE DR.	23 STREET ADDRESS	907 Symphony Beach Lane	
CITY-ST-ZIP	LUTZ, FL.	24 CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	NIELSEN, SARA J	32 NAME	Nielsen, Sara J.	
STREET ADDRESS	18202 CLEAR LAKE DR.	33 STREET ADDRESS	907 Symphony Beach Lane	
CITY-ST-ZIP	LUTZ FL 33549	34 CITY-ST-ZIP	Apollo Beach, FL. 33572	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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, or on an attachment with an address.

SIGNATURE: Cathryn E. Nielsen Cathryn E. Nielsen 6-24-95 813-645-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600147B CP