SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
ARLINGTON DAY CARE, INC.

Principal Place of Business
1723 CARPENTER'S RUN BLVD.
LUTZ FL 33549

Mailing Address
907 SYMPHONY BEAHC LANE
APOLLO ~~BEHAG~~ FL 33572
US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28) APOLLO BEACH, FL
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 06/29/1995
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
907 SYMPHONY ~~BEHAG~~ LANE
APOLLO ~~BEAHC~~ FL 33572
BEACH

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NIELSEN, CATHRYN E.	
STREET ADDRESS	907 SYMPHONY BEACH LANE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	SD	☐ DELETE
NAME	NIELSEN, RANDALL R.	
STREET ADDRESS	907 SYMPHONY BEACH LANE	
CITY-ST-ZIP	APOLLO ~~BEAHG~~ FL	
TITLE	VD	☐ DELETE
NAME	NIELSEN, SARA J	
STREET ADDRESS	907 SYMPHONY ~~BEHAG~~ LANE	
CITY-ST-ZIP	APOLLO ~~BEAHG~~ FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	CORRECT SPELLING	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	APOLLO BEACH FL.	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	SYMPHONY BEACH LANE	
3.4 CITY-ST-ZIP	APOLLO BEACH FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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***225.00

CR2E034 (3/96)

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)(k), 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 617, 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 — 6-19-96 — 813 645-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CATHRYN E. NIELSEN