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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **717408** **(9)**

1. Corporation Name
PALMER-KING DAY CARE CENTER, INC.

Principal Place of Business
2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

Mailing Address
2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32641-3943

3. Date Incorporated or Qualified: 10/23/1969
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1276707 — 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
HARPER, JULIA M
1205 SE 11TH AVE
GAINESVILLE FL 32641

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Julia M. Harper — DATE: 3/4/97
(If the Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	JONES, NATHANIEL B.		1.2 NAME	Geeter, James	
STREET ADDRESS	1324 SE 4TH AVE.		1.3 STREET ADDRESS	4225 N.W. 21st Terr	
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	S	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	COOK, ETHEL		2.2 NAME	Alexander, Gladys	
STREET ADDRESS	937 SE 9TH PLACE		2.3 STREET ADDRESS	727 S.E. 11th St.	
CITY-ST-ZIP	GAINESVILLE FL 32601		2.4 CITY-ST-ZIP	Gainesville, Fl. 32641	
TITLE	MD	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	HARPER, JULIA		3.2 NAME	Bradwell, Vernelle	
STREET ADDRESS	1205 SE 11TH AVE		3.3 STREET ADDRESS	4728 S.E. 19th Ave	
CITY-ST-ZIP	GAINESVILLE, FL 00000		3.4 CITY-ST-ZIP	Gainesville, Fl. 32641	
TITLE	TD	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	ALLEN, MARIE J.		4.2 NAME	McPherson, Lottie	
STREET ADDRESS	805 N.W. 24TH TERR.		4.3 STREET ADDRESS	714 N.E. 25th St.	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville, Fl. 32641	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	WRIGHT, THOMAS A.		5.2 NAME	Daniels, Esther	
STREET ADDRESS	2100 N.W. 21ST STR.		5.3 STREET ADDRESS	830 N.W. 7th Ave.	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	Gainesville, Fl. 32601	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	ROBERSON, CORA		6.2 NAME	Davis, Shelton	
STREET ADDRESS	1631 SE 41ST AVE.		6.3 STREET ADDRESS	502 N.E. 8th Ave	
CITY-ST-ZIP	GAINESVILLE FL 32641		6.4 CITY-ST-ZIP	Gainesville, Fl. 32601	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nathaniel B. Jones — 3-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #0011586

CR2E037 (9/96)