FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998

FILED

Jan 15 1998 8:00am

DOCUI	MENT # 72816 0) (3)				
HINT	OTO NOTICENT, INC.				I ANDRIA FINIT ARDEL IRIAN MANDE RIVER BANKA DELL'ARDEL RIVER DI DELL'ARDEL BANKA BANKA BANKA BANKA	
TINY TOTS NURSERY, INC. Principal Place of Business P.O. BOX 611 104 DAVIS ST OUINCY FL 32351-3922 2. Principal Place of Business 21 22. Principal Place of Business 23. Mailing Address 24 Suite, Apt. #, etc. 25 City & State 26 City & State 27 City & State 28 Zip Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent MCGILL, (WILLIAM A.) 540 W. BREVARD SUITE C TALLAHASSEE FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, office or registered agent.						
Principal Plac	e of Business	Mailing Address			4 482111 10010 mehr inter biere bilt? @01 21011 01011 61911 61911 61911 4801.	
					3. Date Incorporated or Qualified	
	351-3922				11/29/1973	
					4. FEI Number Applied For	
2. Principal P	lane of Rusiness	2a Mailing Address			23-7358130 Not Applicab	
<u> </u>					5. Certificate of Status Desired \$8.75 Additional Fee Required	
					6. Election Campaign Financing \$5.00 May Be	
<u> </u>					Trust Fund Contribution	
· ·	e				7. Is this nonprofit corporation a homeowners association?	
	Country		Country		8. This corporation owes or has paid the current year Intangible	
	—	├ ── '			Personal Property Tax due June 30. Yes No N	
(<u>-</u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name	ve	
			82	Street	et Address (P.O. Box Number is Not Acceptable)	
			83			
IALLAN	HOOSEE PL					
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above	-named	ed corporation submits this statement for the purpose of changing its registere	
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 .		7.15 T	D		ure required when reinstating) DATE	
12.	OFFICERS AND		13.	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	MCGILL, (WILLIAM A)		1.2 NAME			
STREET ADDRESS	104 DAVIS ST		1.3 STREET	ADDRESS	s }	
CITY-ST-ZIP	QUINCY FL		1,4 CITY - S	T-ZIP		
TITLE	S FIGURE (DI CACANT M)	DELETE	2.1 TITLE		Change Addition	
NAME	FISHER, (PLEASANT M) 1842 ELM ST		2.2 NAME			
STREET ADDRESS	QUINCY FL		2.3 STREET		5	
CITY-ST-ZIP TITLE	DP DP	▼ DELETE	2. 4 CITY-S 3.1 TITLE	1-211	SALLOR, JOHNNY Dange LAddition	
NAME	CARTER, RUDOLPH	 -	3.2 NAME		BOOKO MEMBER	
STREET ADDRESS	ROUTE 3, BOX 18A		3.3 STREET	ADDRESS	BOARD MEMBER	
CITY-ST-ZIP	QUINCY FL		3.4. CITY-S	IT- ZIP	GUINCY FLORIDA 32351	
TITLE	D	DELETE	4.1 TITLE		TREAS JEER Addition	
NAME	PITTMAN, MABLE		4. 2 NAME		U.V. AN D. KELLY 216 PATTON STREET	
STREET ADDRESS	104 DAVIS STREET		4.3 STREET		2,-	
CITY-ST-ZIP	QUINCY FL	DELETE	4.4 CITY - S	T-ZIP	During, FLORIDA 32351 Dings Literate	
TITLE		□ Dereie	5.1 TITLE		DOMIN PRESTAN	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS	a - D Du Consts	
CITY-ST-ZIP			5.4 CITY-S		QUINCY FLORIDA 32351	
TITLE		DELETE	6.1 TITLE	. 211	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	s	
CITY-ST-ZIP			6.4 CTY - S			
14. I hereby c	ertify that the information supplied with	n this filing does not qualify for	the exempt	tion state	ated 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, on an attachment with an address.