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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 728160**

1. Corporation Name

**TINY TOTS NURSERY, INC.**

Principal Place of Business

P.O. BOX 611  
104 DAVIS ST  
QUINCY FL 32351-3922

Mailing Address

P.O. BOX 611  
104 DAVIS ST  
QUINCY FL 32351-3922



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified  
**11/29/1973**

4. FEI Number  
**23-7358130**

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**

9. Name and Address of Current Registered Agent

**MCGILL, (WILLIAM A.)**  
**540 W. BREVARD SUITE C 104 DAVIS ST.**  
**TALLAHASSEE FL QUINCY, FL 32353-0611**

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

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  
NAME **PD**  
STREET ADDRESS **MCGILL, (WILLIAM A)**  
CITY-ST-ZIP **104 DAVIS ST QUINCY FL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **FISHER, (PLEASANT M)**  
CITY-ST-ZIP **1842 ELM ST QUINCY FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SAILOR, JOHNNY**  
CITY-ST-ZIP **1228 BORRY STREET QUINCY FL 32351**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **KELLY, VIVIAN D**  
CITY-ST-ZIP **216 PATTON STREET QUINCY FL 32351**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **COLSTON, ETTA J**  
CITY-ST-ZIP **229 S. CLARK STREET QUINCY FL 32351**

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**WILLIAM A. MCGILL** 03/06/99 (850)627-6279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)