

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

FILED
Jun 13 1996 8:00 am
Secretary of State

DOCUMENT # **F47735** (8)
1. Corporation Name
GERRY'S DAY CARE AND LEARNING CENTER, INC.



Principal Place of Business Mailing Address
**110 TRUXTON AVE
FT WALTON BEACH FL 32547** **110 TRUXTON AVE
FT WALTON BEACH FL 32547**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1981		3a. Date of Last Report 04/14/1995	
21		26		4. FEI Number 59-2148892		Applied For Not Applicable	
22 Suite, Apt. #, etc		27 Suite, Apt. # etc		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

GRIFFITH, GERALDINE L
~~RT 1 BOX 355~~
DEFUNIAK SPRINGS FL 32433

81 Name **Griffith, Geraldine L**
82 Street Address (P.O. Box Number is Not Acceptable)
171 Walton Bridge Road
83
84 City **Defunialk Springs** **FL** 85 Zip Code **33433**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, GERALDINE	12 NAME	
STREET ADDRESS	RT. 1, BOX 355 WALTON BRIDGE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, DANNY H	22 NAME	
STREET ADDRESS	RT 1 BOX 355	23 STREET ADDRESS	
CITY-ST-ZIP	DE FUNIAK SPRINGS FL	24 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, GERALDINE	32 NAME	
STREET ADDRESS	RT 1 BOX 355	33 STREET ADDRESS	
CITY-ST-ZIP	DE FUNIAK SPRINGS FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerry Griffith 6-6-96 904 862-5000

CR2E034 (3/96)