FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 **DOCUMENT # G32961** (6)LITTLE ONES DAY CARE CENTER, INC. Principal Place of Business Mailing Address 2605 SUNSHINE DR S 2005 SUNSHINE DR S LAKELAND FL 33801 LAKELAND FL 33801-6353 3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1983 08/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2279444 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLTON, SHEILA J **3214 IOWA RD** 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 City Zip Code 85 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 proceed has is of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE THE 1 1 TITLE HOLTON, SHEILA J. 1.2 NAME **CR2E034 3214 IOWA RD** 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE THE HOLTON, WAYNE L. 2.2 NAME NAME 3214 IOWA ROAD 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 2.4 City-St-ZIP CITY: ST-ZIE DELETE Addition Change TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - 7/P DELETE 4.1 TITLE ☐ Change ■ Addition 1111LE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE ☐ Change TITLE NAMi 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 City-St-ZiP City-St-Ze

6.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

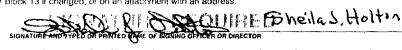
6.3 STREET ADDRESS

SIGNATURE

THEF

NAME

STREET ADDRESS



DELETE

ioltin 4-8-

662-7803

Change

Addition

FILED

Apr 14 1997 8:00am

Secretary of State