FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H34711** **(2)**

1. Corporate Name

LONE STAR DAY CARE, INC.

Principal Office Address

1829 PARKCREST DR.
JACKSONVILLE FL 32211
US

Mailing Address

1829 PARKCREST DR.
JACKSONVILLE FL 32211
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/10/1984**

3a. Date of Last Report: **07/11/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22

Suite, Apt. # or P.O. Box — 27

City & State — 23

City & State — 28

Zip — 24

County — 25

Zip — 29

Country — 30

4. FEI Number: **59-2476677** — 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. The corporation is organized for charitable purposes under Section 501(c)(3) of the Internal Revenue Code. Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STANFILL,HAROLD W.
1829 PARKCREST DRIVE
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: ELLIOTT, LARRY E.

82 Street Address (P.O. Box Number is Not Acceptable): 4235 KINCARDINE DR.

83

84 City: Jacksonville — 85 State: FL — Zip Code: 32257

11. Pursuant to the provisions of Sections 607.0505 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] — 5-9-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STANFILL, HAROLD
STREET ADDRESS	8142 LONE STAR ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST
NAME	STANFILL, DONNA.
STREET ADDRESS	1829 PARKCREST DRIVE.
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☑ Change ☐ Addition
NAME	ELLIOTT, LARRY	
STREET ADDRESS	4235 KINCARDINE DR.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	S	☑ Change ☐ Addition
NAME	Bennett, Walter	
STREET ADDRESS	3724 Buckskin Trail	
CITY-ST-ZIP	Jacksonville, FL 32211	

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that this report or supplemental annual report has been executed by the officer or director of the corporation or by 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 above, or on an attachment with an address.

SIGNATURE: [signature] — 5-9-95 — 396-3351, ext. 250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0017000 CP