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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION\$

DOCUMENT # H40905

(2)

MERTHIE'S DAYCARE CENTER, INC.

Principal Place of Business Mailing Address						FREEDING WILL WELFE WAS AND WORDL WIT	I BIBIT OIDIN DIDH DID	(1 Sibil Biti	i (\$4)	
		1611 PERSHIMON AVENU SANFORD FL 32771-3149								
						3. Date Incorporated or Qualified 02/04/1985	3a. Date of L 03/25/19	•	ort	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applie	d For	
21		26				59-2555538			pplicable	
		Suite, Apt. #, etc.				5. Certificate of Status Desired	7 -	Fee Required		
City & State	e	City & State				6. Election Campaign Financing		5.00 ма		
<b>23</b> Ζιρ	Country	<b>28</b> Zip	Cou	ntru .		Trust Fund Contribution	······	dded to F		
24	25	29	30	my		8. This corporation has liability for Florida Statutes	intangible tax un ☑ Yes  ☐ No	ider s. 19	9.032,	
24]	9. Name and Address of Current		[30]	<del></del>		10. Name and Address of New Re			·····	
MER	ATHIE, LILLIE B.			81 Name	1				<del></del>	
	B PERSIMMON AVE.			00 0	A .1 .1	(0.0.0	<del></del>		<del></del>	
P. O. BOX 2202				82 Street	Adore	ss (P.O. Box Number is Not Acceptal	310)			
	IFORD FL 32771		•	83					<del></del>	
0,-1				84 City						
				84 City			FL  85	Zip Cod	<b>10</b>	
agent. i a SIGNATURE.	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of im familiar with, and accept the obligat Stiphelore, typed or pinted name of registered agent OFFICERS AND	and title if applicable (NO	orida Stati	JIBS.		d when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		***************************************	
TITLE	PD	DELETE	1.1 TIT		1	ADDITIONS/CHANGES TO OFFIC	Ch		Addition	
NAME	MERTHIE, LILLIE B.		1.2 NA				,,,	ange L	T MORRING	
STREET ADORESS	1308 PERSIMMON AVE			reet address	1					
CITY-ST-ZIP	SANFORD FL			Y-ST-Z#P	1	•				
TITLE	STD	DELETE	2.1 111	<del> </del>	1		☐ Ch	ange I	Addition	
NAME	MERTHIE, MARILYN P		22 NA	ME	İ			•	_	
STREET ADDRESS	1808 S. LOCUST AVENUE		2.3 ST	REET ADDRESS						
CHY-ST-ZIP	SANFORD FL		2.4€1	TY-ST-ZIP						
TITLE	D	☐ DELETE	3.1 TiT	LE			Ch	ange	Addition	
NAME	MERTHIE, OSCAR, JR.		3.2 NA	ME						
STREET ADORESS	1308 PERSIMMON AVE		3.3 ST	reet address						
CITY - ST - ZIP	SANFORD FL	DELETE		TY-\$T-ZIP	<b></b>	· · · · · · · · · · · · · · · · · · ·			4	
TITLE	D DOWN DOWN	L DELETE	4.1 T/T				☐ Ch	ange L	Addition	
NAME	MERTHIE, RONALD W.		4. 2 N/							
STREET ADDRESS	1303 PERSIMMON AVE			REET ADDRESS						
CITY - ST - ZIP TITLE	SANFORD FL D	DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP	<del> </del>	·	☐ Ch	anna T	Addition	
NAME	MARTIN, CLIFFORD J.	E DECLIE	5.1 HA				LJ UN	milia L	_ AUUIIION	
STREET ADDRESS	1808 S LOCUST AVE		-	me Reet address						
DITY-ST-ZIP	SANFORD FL		1							
TITLE	Gran VIIV I L	DELETE	5.4 CH	Y-ST-21P	<del> </del>		☐ Ch	ange T	Addition	
NAME		*****	6.2 NA				Special City		- 1441111111	

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.

6.3 STREET ADDRESS

STREET ADDRESS

City-St-ZIP

EVIII & B. Merthie 2-10-97-407312-2017

**FILED** 

Feb 13 1997 8:00am

Secretary of State