

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H95087** (3)

1. Corporation Name

SUNSHINE PLAYSCHOOL, INC.



Principal Place of Business

**C/O THOMAS NIXON
353 S. HALIFAX DRIVE
ORMOND BEACH FL 32176-8141**

Mailing Address

**C/O THOMAS NIXON
353 S. HALIFAX DRIVE
ORMOND BEACH FL 32176-8141**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**NIXON, THOMAS
353 S. HALIFAX DRIVE
ORMOND BEACH FL 32176**

3. Date Incorporated or Qualified

01/21/1986

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2265941

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. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes.

☒ Yes ☐ No

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 607.04(2) and 607.05(1), 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. Change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.04(2) and 607.05(1), Florida Statutes.

SIGNATURE

Thomas D. Nixon

2-17-96

12. OFFICERS AND DIRECTORS

1. NAME

**ST
NIXON, THOMAS
475 WILD OLIVE
ORMOND BEACH FL
P**

☐ DELETE

2. NAME

**NIXON, MACRING L.
475 WILD OLIVE
ORMOND BEACH FL**

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

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14 CITY, ST, ZIP

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