

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J16158 (4)

1. Corporation Name

MUNCHKINLAND CHILD CARE CENTER, INC.



Principal Place of Business

4002 GARDEN STREET  
TITUSVILLE FL 32796

Mailing Address

4002 GARDEN STREET  
TITUSVILLE FL 32796

3. Date Incorporated or Qualified

05/27/1986

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

21 4002 GARDEN ST. Titusville FL

Suite, Apt. #, etc.

22

City & State

23 Titusville, FL

Zip

24 32796

Country

25 BREVARD

2a. Mailing Address

26 4002 GARDEN STREET

Suite, Apt. #, etc.

27

City & State

28 Titusville, FL

Zip

29 32796

Country

30 BREVARD

4. FEI Number

59-2700032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTLETT, GARY K.  
4002 GARDEN STREET  
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81

Name

BARTLETT GARY K.

82

Street Address (P.O. Box Number is Not Acceptable)

4002 GARDEN STREET

83

84

City

Titusville

FL

85

Zip Code

32796

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

*Gary K. Bartlett*

(NOTE: Registered Agent signature required when reappointing)

DATE

3/7/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARTLETT, GARY K.  
STREET ADDRESS 4002 GARDEN STREET  
CITY-STATE-ZIP TITUSVILLE FL

TITLE VST ☐ DELETE

NAME BARTLETT, CAROL LYNN  
STREET ADDRESS 4002 GARDEN STREET  
CITY-STATE-ZIP TITUSVILLE FL

TITLE D ☐ DELETE

NAME BARTLETT, CAROL LYNN  
STREET ADDRESS 4002 GARDEN STREET  
CITY-STATE-ZIP TITUSVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

*Gary K. Bartlett*

GARY K. BARTLETT

3/7/96 (407) 639-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)