

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:27

DOCUMENT # K09191 (3)
1. Corporation Name
THE TOY BOX PRESCHOOL, INC.

Principal Place of Business	Mailing Address
% JANET L. FIELDS 220 NORTH MCCALL ROAD ENGLEWOOD FL 34223	% JANET L. FIELDS 220 NORTH MCCALL ROAD ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1987	3a. Date of Last Report 01/31/1994
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2. Principal Place of Business 21	2b. Mailing Address 26	4. FEI Number 59-2864060	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent FIELDS, JANET L. 220 NORTH MCCALL ROAD ENGLEWOOD FL 34223	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 Janet L. Fields

1/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, JANET L.	12. NAME	
STREET ADDRESS	220 NORTH MCCALL ROAD	13. STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD FL	14. CITY, ST, ZIP	
TITLE	DST	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, VERNON L.	22. NAME	
STREET ADDRESS	220 NORTH MCCALL ROAD	23. STREET ADDRESS	
CITY, ST, ZIP	ENGLEWOOD FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I am not entitled to any fee for the incorporation of this corporation under Section 190.01(1)(b), Florida Statutes. I further certify that the information submitted on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or its predecessor or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 13 or Block 14 of this report or on an attachment with an address.

SIGNATURE: Janet L. Fields
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95 Date 813-474-1825 Digitized by eScriber