

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K09191**

**(3)**

1. Corporation Name  
**THE TOY BOX PRESCHOOL, INC.**



Principal Place of Business

% JANET L. FIELDS  
220 NORTH MCCALL ROAD  
ENGLEWOOD FL 34223

Mailing Address

% JANET L. FIELDS  
220 NORTH MCCALL ROAD  
ENGLEWOOD FL 34223

2. Principal Place of Business

21 Sub, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sub, Apt. #, etc

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified  
**12/28/1987**

3a. Date of Last Report  
**01/17/1995**

4. FFI Number  
**59-2864060**

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. 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

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 607.0502 and 607.1503, 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

SIGNATURE

*[Handwritten Signature]*

*[Handwritten Signature]*

12. OFFICERS AND DIRECTORS

12.1 NAME  DELETE

12.2 STREET ADDRESS  
**DP  
FIELDS, JANET L.  
220 NORTH MCCALL ROAD  
ENGLEWOOD FL**

12.3 NAME  DELETE

12.4 STREET ADDRESS  
**DST  
FIELDS, VERNON L.  
220 NORTH MCCALL ROAD  
ENGLEWOOD FL**

12.5 NAME  DELETE

12.6 NAME  DELETE

12.7 NAME  DELETE

12.8 NAME  DELETE

12.9 NAME  DELETE

12.10 NAME  DELETE

12.11 NAME  DELETE

12.12 NAME  DELETE

12.13 NAME  DELETE

12.14 NAME  DELETE

12.15 NAME  DELETE

12.16 NAME  DELETE

12.17 NAME  DELETE

12.18 NAME  DELETE

12.19 NAME  DELETE

12.20 NAME  DELETE

12.21 NAME  DELETE

12.22 NAME  DELETE

12.23 NAME  DELETE

12.24 NAME  DELETE

12.25 NAME  DELETE

12.26 NAME  DELETE

12.27 NAME  DELETE

12.28 NAME  DELETE

12.29 NAME  DELETE

12.30 NAME  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  Change  Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY - ST - ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY - ST - ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY - ST - 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 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* (941) 474-1825

CR2E034 (12/95)