

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K92484 (0)

1. Corporation Name

PALM BAY PROFESSIONAL DAY CARE CENTERS, INC.

FILED

95 FEB -7 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% BENJAMIN Y. SAXON
1516 NORMAN ST. NE.
PALM BAY FL 32907

Mailing Address

1516 NORMAN ST. NE
1336 BRAUN ST. NE
PALM BAY FL 32905
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/01/1989** 3a. Date of Last Report **07/26/1994**

4. FEI Number **59-2990092** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2780 School Dr. NE Palm Bay FL 32909

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

SAXON, BENJAMIN Y.
1336 BRAUN ST. NE
PALM BAY FL 32905

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
AYERS, GREG
1336 BRAUN ST., NE
PALM BAY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS
AYERS, DAVID A.
2780 SCHOOL DR., NE
PALM BAY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
AYERS, DAVID A.
2780 SCHOOL DR., NE
PALM BAY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - 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 - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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. If 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 addition.

SIGNATURE:

David A. Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-95

907728-5503