FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L25072** **(4)**

1. Corporate Name

LITTLE DARLINGS PRE-SCHOOL, INC.

Principal Place of Business

C/O L. E. TAYLOR
P.O. BOX 391
ALTOONA FL 32702

Mailing Address

C/O L. E. TAYLOR
P.O. BOX 391
ALTOONA FL 32702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1989

3a. Date of Last Report: 02/28/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25 — Zip — 29 — County — 30

4. FEI Number: 59-2972666 — 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 total, for purposes of Section 5.[illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAYLOR, L. E.
1029 WEST MAGNOLIA STREET
LEESBURG FL

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 Section [illegible], 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. Hereby, accept the appointment as registered agent. I am familiar with and accept the obligations of section [illegible] Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

Title	D
NAME	BORING, CAROLYN
Street Address	21019 REEDY RD.
City, State, Zip	EUSTIS FL
Title	D
NAME	PREVATT, CINDY
Street Address	499 N ORANGE AVE.
City, State, Zip	UMATILLA FL
Title	
NAME	
Street Address	
City, State, Zip	
Title	
NAME	
Street Address	
City, State, Zip	
Title	
NAME	
Street Address	
City, State, Zip	
Title	
NAME	
Street Address	
City, State, Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 above, or on an attachment with an asterisk.

SIGNATURE: Cindy Prevatt — CINDY PREVATT 4/21/95 904669[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

0413210 FP