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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L46053** (9)

1. Corporation Name
CARE-A-LOT DAYCARE AND PRESCHOOL, INC.

Principal Place of Business

**4704 U.S. #1 NORTH
ST AUGUSTINE FL 32095
US**

Mailing Address

**4704 U.S. #1 NORTH
ST AUGUSTINE FL 32095-5704
US**

3. Date Incorporated or Qualified
01/25/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDSON, CATHERINE DENISE
5048 AVE D
ST AUGUSTINE FL 32095**

81 Name

PATRICIA K. STRICKLAND

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

4704 U.S.#1 NORTH

83

ST. AUGUSTINE, FL. 32095-5704

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 **PATRICIA K. STRICKLAND**

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

(NOTE: Registered Agent signature required when resigning)

4-25-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DSV** ☒ DELETE

NAME **JUDSON, CATHERINE DENISE**
STREET ADDRESS **6608 SOLOMON RD**
CITY-ST-ZIP **BALDWIN FL**

TITLE **DPT** ☐ DELETE

NAME **STRICKLAND, PATRICIA K**
STREET ADDRESS **4704 U.S. #1 NORTH**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Patricia K. Strickland-Pres**

4-25-97

904-829-9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)