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 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96201** **(3)**

1. Corporation Name

LAKEWOOD PARK CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
6708 GADDY ST. FT. PIERCE FL 34951	6708 GADDY ST. FT. PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/27/1990**

3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **65-0215368** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:

Country — 25: St Lucie

Zip — 29:

Country — 30: St Lucie

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

9. Name and Address of Current Registered Agent

CLEMENS, JEAN C.
6708 GADDY ST.
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent

31: Name

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

33:

34: City **FL** 35: Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 617.1908, 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

12. OFFICER AND/OR DIRS	13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRS
PST CLEMENS, JEAN C. 7000 CITRUS PARK BLVD FT. PIERCE FL	PST Clemens, Jean C 7206 Coquina Ave Ft Pierce Fla 34951 ☒ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemptions 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 above, if changed or added to the report, with an address.

SIGNATURE: Jean C Clemens — 4/17/95 — 407-465-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0382728 CP