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 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99569 (0)

1. Corporation Name
DOSS EARLY LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
2035 W. WASHINGTON ST. ORLANDO FL 32805 US	2035 W WASHINGTON ST ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1990
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21 2035 W. Washington
22 Suite, Apt. #, etc.
23 City & State: Orlando, Fl. 32805
24 Zip: 32805 25 Country: Orange

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3029502 ☐ 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

GRAY, MARTHA M.
89 N DOBSON ST
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name: Martha Mayhue Gray
82 Street Address (P.O. Box Number is Not Acceptable): 2035 W. Washington St.
83
84 City: Orlando FL 85 Zip Code: 32805

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: Martha Mayhue Gray DATE: 5/8/95
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GRAY, MARTHA M.	12 NAME	Martha Mayhue Gray
STREET ADDRESS	89 N DOBSON ST	13 STREET ADDRESS	4205 Arbor Oaks Ct
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl. 32808
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	GRAY, DANIEL JR.	22 NAME	Martha Mayhue Gray
STREET ADDRESS	89 N DOBSON ST	23 STREET ADDRESS	4205 Arbor Oaks Ct.
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, Fl. 32805
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	GRAY, MARTHA M.	32 NAME	Martha Mayhue Gray
STREET ADDRESS	89 N DODSON ST	33 STREET ADDRESS	4205 Arbor Oaks Ct,
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Fl. 32805
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 the 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: Martha Mayhue Gray / Owner 5/8/95 (407) 298-3593
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DAYTIME PHONE #

0064725 CP