

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M78497** (8)

1. Corporation Name
LYNN HAVEN CHILD CARE, INC.

Principal Place of Business

% LINDA G. HOOD
1849 VIRGINIA AVE.
LYNN HAVEN FL 32444

Mailing Address

% LINDA G. HOOD
1849 VIRGINIA AVE.
LYNN HAVEN FL 32444-4247

3. Date incorporated or Qualified **04/25/1988** 3a. Date of Last Report **03/28/1996**

4. FEI Number **59-2885643** 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 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

HOOD, LINDA G.
1849 VIRGINIA AVE.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 bound with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Linda G. Hood* DATE **02/17/97**

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	Sec/Treasurer
NAME	HOOD, JAMES D.	1.2 NAME	James D. Hood
STREET ADDRESS	7940 HIGH POINT RD.	1.3 STREET ADDRESS	7940 High Point Rd.
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City FL 32404
TITLE	P	2.1 TITLE	President
NAME	HOOD, LINDA G.	2.2 NAME	Linda G. Hood
STREET ADDRESS	7940 HIGH POINT RD	2.3 STREET ADDRESS	7940 High Point Rd.
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City FL 32404
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or changed, or on an attachment with an address.

SIGNATURE: *Linda G. Hood* DATE **2/17/97** 904-265-6221

CR2E034 (9/96)