

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

APPROVED  
AND  
FILED

Pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997



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

97 SEP -5 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M94993**  
1. Corporation Name  
**Teddy Bear Child Care Center, Inc.**

Principal Place of Business Mailing Address  
**1268 Timberlane Road  
Tallahassee, FL. 32312**

2. Principal Place of Business 2a. Mailing Address  
21 **3561 Timberlane** 20  
City, Apt. #, etc. Suite, Apt. #, etc.  
22 **School Rd.** 27  
City & State City & State  
23 **Tallahassee, FL.** 26  
Zip Country Zip Country  
24 **32312** 25 **LEON** 28 30

3. Date Incorporated or Qualified **8/19/88** 3a. Date of Last Report **5/1/96**  
4. FFL Number **57-2906373** 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  
**Collins, Carolyn B.  
502 Concord Road  
Tallahassee, FL. 32308**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1747 Capital Circle N.E.**  
83 **Apt. 303**  
84 City **Tallahassee** FL 85 Zip Code **32308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PVT'S</b>	<input type="checkbox"/> DELETE
NAME	<b>Collins, Carolyn B.</b>	
STREET ADDRESS	<b>502 Concord Road</b>	
CITY - ST - ZIP	<b>Tallahassee, FL.</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1747 Capital Circle N.E. Apt. 303</b>
1.4 CITY - ST - ZIP	<b>Tallahassee, FL. 32308</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>400002287714--2</b>
2.4 CITY - ST - ZIP	<b>-09/08/97--01166--003</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>****165.00 ****165.00</b>
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Collins</b>
6.3 STREET ADDRESS	<b>9/5/97</b>
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)(l), 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: **Carolyn Collins** **Carolyn Collins** **9-5-97** **893-3177**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mc Price

CR2E034 (9/96)

Pg. 2 of 2

**TEDDY BEAR CHILD CARE CENTER, INC.**

**3561 TIMBERLANE SCHOOL RD.**

**TALLAHASSEE, FL 32312**

**(850) 893-3177**

To Whom It May Concern,

This is in reference to the required annual filing of annual corporate reports. As you can see on my application I have moved my place of business and for some reason I did not receive my application. Enclosed please find my completed report and a check for \$165.00 to cover the filing fee. Please feel free to contact me if there is any problems concerning this letter or annual report.

Sincerely,



Carolyn Collins