FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

[illegible] PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15102 (9)

1. Corporation Name
PLAYLAND CHILD CARE, INC.

Principal Place of Business
1704 WEST VINE STREET
LEESBURG FL 34748

Mailing Address
1704 WEST VINE STREET
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 03/14/1994

4. FEI Number: 59-2756931 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Uniform Commercial Code Lien Search Certificate ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. Does corporation qualify for intangible tax under Ch. 199.032, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FELICIANO, CARMEN A
1704 WEST VINE ST
LEESBURG FL 32748

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	FELICIANO, CARMEN A
STREET ADDRESS	17591 SW 35TH AVE RD
CITY STATE ZIP	OCALA FL
TITLE	D
NAME	FELICIANO, ISRAEL
STREET ADDRESS	17591 SW 35TH AVE RD
CITY STATE ZIP	OCALA FL
TITLE	D
NAME	FELICIANO, IRIS
STREET ADDRESS	17591 SW 35TH AVE RD
CITY STATE ZIP	OCALA FL

13. ADDITIONAL OFFICERS AND DIRECTORS

☐ Change ☐ Add/Delete

14. I hereby certify that the information supplied with this report is complete, accurate and in compliance with the requirements of Section 607.0505, Florida Statutes. Further, I certify that the information contained in this annual report or supplemental amendment, if applicable, is true and accurate and that my signature shall be 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 is added in the appropriate manner.

SIGNATURE: [signature] May 1, 95 - 904-787-7202
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

0040156