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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:53

DOCUMENT # N43026 (6)

1. Corporation Name

TENDER LOVING CARE DAYCARE, INC.

Principal Place of Business	Mailing Address
77 ALAN AVENUE INGLIS FL 32649	77 ALAN AVENUE INGLIS FL 32649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1991
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-3067331 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REVELS, CHERYL
77 ALAN AVENUE
INGLIS FL 32649

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 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: Cheryl J. Revels / President — 7/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	REVELS, CHERYL	12 NAME		
STREET ADDRESS	P O BOX 983 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	INGLIS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ADAMS, PAT	22 NAME		
STREET ADDRESS	P O BOX 674 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	INGLIS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	ROLLEN, SHERYL B	32 NAME	Sherrin Boivin	
STREET ADDRESS	8039 W INSPIRATION CT.	33 STREET ADDRESS	P.O. 623	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	34 CITY-ST-ZIP	Inglis Fl. 34449	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BEECH, TAMMY	42 NAME		
STREET ADDRESS	P O BOX 558 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl J. Revels — 7/1/95 — 904-447-3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cheryl J. Revels / President

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