


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51415 (0)**

1. Corporation Name  
**RICHARDSON PLAY SCHOOL & NURSERY, INC.**

Principal Place of Business <b>208 EAST FRONIE STREET LAKE CITY FL 32055</b>	Mailing Address <b>P O BOX 2936 LAKE CITY FL 32056 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CALDWELL, SYLVIA  
1254 LAKE JEFFREY ROAD  
LAKE CITY FL 32055**

3. Date Incorporated or Qualified  
**10/22/1992**

4. FEI Number  
**59-3134977**

Applied For  
☐ Yes ☒ 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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name  
**PARNELL, ASHLEY**

82 Street Address (P.O. Box Number Is Not Acceptable)

83 **418 OLD COUNTRY CLUB ROAD**

84 City  
**LAKE CITY**

85 Zip Code  
**FL 32055**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Ashley L. Parnell* **4-29-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CALDWELL, SYLVIA	
STREET ADDRESS	1254 LAKE JEFFREY ROAD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, ERIE	
STREET ADDRESS	523 W. DESOTO ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TUNSIL, JOYCE	
STREET ADDRESS	RT. 15, BOX 1559	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RAMSON, LARONDA	
STREET ADDRESS	RT. 18B, BOX 435	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JAMES & ERIE	
STREET ADDRESS	% 532 WEST DESOTO ST	
CITY-ST-ZIP	FT. WHITE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PARNELL, ASHLEY	
STREET ADDRESS	PO BOX 221	
CITY-ST-ZIP	LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARNELL, ASHLEY	
1.3 STREET ADDRESS	418 OLD COUNTRY CLUB ROAD	
1.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHIPP, LUDIE	
2.3 STREET ADDRESS	500 HERNANDO STREET	
2.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LENOIR, GENITA	
3.3 STREET ADDRESS	1445 RICHARDSON STREET	
3.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MANDY, EARNESTINE H.	
4.3 STREET ADDRESS	1283 CENTER STREET	
4.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALLEN, WILLIE B.	
5.3 STREET ADDRESS	ROUTE 1, BOX 271	
5.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TUNSIL, JOYCE	
6.3 STREET ADDRESS	ROUTE 15, BOX 1559	
6.4 CITY-ST-ZIP	LAKE CITY, 32024	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ashley L. Parnell* *Ashley L. Parnell* *President* **4-29-98** **755-0151**

C2E037 (10/97)