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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51415

1. Corporation Name

RICHARDSON PLAY SCHOOL & NURSERY, INC.

Principal Place of Business
206 EAST FRONIE STREET
LAKE CITY FL 32055

Mailing Address
P O BOX 2936
LAKE CITY FL 32056
US

4 6 8 1 3 5
468135 - 90095 - 48



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/22/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3134977	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			
25		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARNELL, ASHLEY
418 OLD COUNTRY CLUB RD
LAKE CITY FL 32055

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 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

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, GENEVA	1.2 NAME	LEE, DAVIDA
STREET ADDRESS	2545 W. HILLSBORO ST	1.3 STREET ADDRESS	1386 E. ST JOHNS STREET
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLES, MONET	2.2 NAME	TUNSIL, JOYCE P.
STREET ADDRESS	RT 3, BOX 5360	2.3 STREET ADDRESS	P. O. BOX 3725
CITY-ST-ZIP	LAKE CITY FL 32038	2.4 CITY-ST-ZIP	LAKE CITY, FL 32056-3725
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	V/P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINKSTON, MILDRED V	3.2 NAME	GALLOWAY, RENTZ
STREET ADDRESS	RT. 1, BOX 411	3.3 STREET ADDRESS	ROUTE 1, BOX 516
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDY, EARNESTINE H.	4.2 NAME	BICKERSTAFF, HOSEA
STREET ADDRESS	1283 CINTER ST	4.3 STREET ADDRESS	P. O. BOX 1434
CITY-ST-ZIP	LAKE CITY FL 32055	4.4 CITY-ST-ZIP	LAKE CITY, FL 32056-1434
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, WILLIE B.	5.2 NAME	WILLIAMS, JAMES W.
STREET ADDRESS	ROUTE 1, BOX 271	5.3 STREET ADDRESS	P.O. BOX 1171
CITY-ST-ZIP	LAKE CITY FL 32055	5.4 CITY-ST-ZIP	LAKE CITY, FL 32056-1171
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNELL, ASHLEY	6.2 NAME	PARNELL, ASHLEY
STREET ADDRESS	418 OLD COUNTRY CLUB RD	6.3 STREET ADDRESS	418 OLD COUNTRY CLUB ROAD
CITY-ST-ZIP	LAKE CITY FL 32055	6.4 CITY-ST-ZIP	LAKE CITY, FL 32025

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, with all other like empowered.

SIGNATURE:

Joyce P. Tunsil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

904/752-7844
Daytime Phone #

CR2E037 (1/98)