

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 08 1997 8:00am
Secretary of State

DOCUMENT # N95000004850 (2)

1. Corporation Name

SKILL DAY CENTER, INC.



Principal Place of Business Mailing Address
1644 NW 18TH ST. 1644 NW 18TH ST.
OCALA FL 34475 Ocala FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1995 3a. Date of Last Report 08/05/1996

4. FEI Number 59-3343834 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 1644 NW 18TH ST. 26 P.O. BOX 5625
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ocala, FLA 28 Ocala, FLA
Zip Country Zip Country
24 34475 25 USA 29 34478 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, CALVIN
2387 W HWY 316
CITRA FL 32113

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 Calvin Jones / Founder SEPT 4, 1997
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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, CALVIN			1.2 NAME			
STREET ADDRESS	2387 W HWY 316			1.3 STREET ADDRESS			
CITY-ST-ZIP	CITRA FL			1.4 CITY-ST-ZIP			
TITLE	AD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, CATHERINE			2.2 NAME			
STREET ADDRESS	2387 W HWY 316			2.3 STREET ADDRESS			
CITY-ST-ZIP	CITRA FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, CECILIA			3.2 NAME			
STREET ADDRESS	2387 W HWY 316			3.3 STREET ADDRESS			
CITY-ST-ZIP	CITRA FL			3.4 CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, JANET			4.2 NAME			
STREET ADDRESS	2009 SW 7TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOLDNEAR, EVELYN			5.2 NAME			
STREET ADDRESS	1927 SW 34TH COURT			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

I do 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 REQUIRED

SEPT 4 97 351-21 4052

CF2E037 (4/97)