SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $238.75).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG -9 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

594767 - 90008 - 23

7/23/99 90008 023 $61.25

DOCUMENT # N97000003208

1. Corporation Name
THESE OUR TOTS, INCORPORATED

Principal Place of Business	Mailing Address
1300 FIFTH STREET WEST BRADENTON FL 34205	1300 FIFTH STREET WEST BRADENTON FL 34205

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

2a. Mailing Address
26 6210 17th Ave West
Suite, Apt. #, etc.
27
City & State
28 Bradenton FL
Zip 29 34209 Country 30 US

3. Date Incorporated or Qualified
06/04/1997

4. FEI Number
APPLIED FOR 65-0853080 ☐ 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

9. Name and Address of Current Registered Agent

DESUE, WILLIAM
1300 FIFTH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name Dr. LOIS M Gerber
82 Street Address (P.O. Box Number Is Not Acceptable) 6210 Fifth street West
83
84 City Bradenton FL 85 Zip Code 34209

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] 7/7/99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GERBER, LOIS DR.		1.2 NAME		
STREET ADDRESS	1300 FIFTH STREET WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRESHA, MICKEY		2.2 NAME		
STREET ADDRESS	1300 FIFTH STREET WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARBER, PAT		3.2 NAME		
STREET ADDRESS	1300 FIFTH STREET WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, BERNIECE		4.2 NAME		
STREET ADDRESS	1300 FIFTH STREET WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCRAE, JO		5.2 NAME		
STREET ADDRESS	1300 FIFTH STREET WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, THERESA		6.2 NAME		
STREET ADDRESS	1300 FIFTH STREET WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED 7/7/99 941 792 7838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

CR2E037 (5/99)