

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90013 028 \*\*\*\*70.00

**DOCUMENT # N98000003289**

1. Corporation Name

**CENTRAL'S BIG HOUSE DAY CARE, INC.**

Principal Place of Business

122 AIRPORT ROAD  
PANAMA CITY FL 32405

Mailing Address

122 AIRPORT ROAD  
PANAMA CITY FL 32405



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P. O. BOX 1558

27 Suite, Apt. #, etc.

28 City & State

LYNN HAVEN FL

29 Zip

32444

30 Country

3. Date Incorporated or Qualified

06/05/1998

4. FEI Number

59-3522306

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

ALBRITTON, RICHARD JR  
1042 JENKS AVE  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name DONALD W. SHOOTs

82 Street Address (P.O. Box Number is Not Acceptable)  
2731 S. HWY 77

83 City

LYNN HAVEN FL

85 Zip Code  
32444

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

*Donald W. Shoots*

**DONALD W. SHOOTs, President**

**4/15/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Donald W. Shoots

1.3 STREET ADDRESS 2731 S Hwy 77

1.4 CITY-ST-ZIP Lynn Haven FL 32444

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME S/T William H. Scott

2.3 STREET ADDRESS 804 Airport Rd

2.4 CITY-ST-ZIP Panama City FL 32405

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Trustee James Dyess

3.3 STREET ADDRESS 2610 Hwy 2321

3.4 CITY-ST-ZIP Panama City FL 32409

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Trustee Jesse Riley

4.3 STREET ADDRESS 6911 Greenfield Rd

4.4 CITY-ST-ZIP Youngstown FL 32466

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Donald W. Shoots* **DONALD W. SHOOTs**

**4/15/99**

**(850) 785-2662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)