

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044748 (0)

1. Corporation Name

CHILDCORP, INC.

Principal Place of Business

207 S. UNIVERSITY AVENUE
ARCHER FL 32618

Mailing Address

P.O. BOX 40
ARCHER FL 32618



2. Principal Place of Business

21 305 S. Univ. Ave.

2a. Mailing Address

26 P.O. BOX 40

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State
ARCHER, FL

23 Archer, FL

24 32618

25 Alachua

29 32618

30 ALACHUA

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3185189

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARVER, CHERYL A
207 S. UNIVERSITY AVENUE
ARCHER FL 32618

10. Name and Address of New Registered Agent

81 Name

GARY CARVER

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

305 S. University Avenue

83

84 City

Archer

FL

85 Zip Code

32618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed and printed name of registered agent and tax preparer (if applicable)

(If Not Registered Agent Signature required when registering)

6/13/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARVER, CHERYL A
STREET ADDRESS 18917 S.W. 13TH AVE.
CITY-ST-ZIP NEWBERRY FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRES
1.2 NAME GARY W. CARVER
1.3 STREET ADDRESS 305 S. UNIVERSITY AVENUE
1.4 CITY-ST-ZIP ARCHER, FL 32618

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY W. CARVER, V.PRES.

6/13/96

(352)-495-3068

CR2E034 (3/96)