ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P93000054678 (6)

1. Corporation Name
'ABC MOTHERS', TEACHERS, NANNIES, & GRANNIES, IN C.

Principal Place of Business	Mailing Address
5708 BEAR LAKE RD. APOPKA FL 32703	P.O. BOX 950812 LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/04/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number APPLIED FOR 59-3301018 ☐ 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	10. Name and Address of New Registered Agent
MCDONALD, ROGER J 1281 EAST ROBINSON ST. ORLANDO FL 32801	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 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 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	11 TITLE	☒ Change ☐ Addition
NAME	MUMBOWER, DIANE	12 NAME	
STREET ADDRESS	~~501 REMINGTON OAKS~~	13 STREET ADDRESS	Box 950812
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	LAKE MARY FL
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GEMRA, TESS	22 NAME	
STREET ADDRESS	P.O. BOX 950812 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, FRED J.	32 NAME	
STREET ADDRESS	P.O. BOX 950812 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	~~SNIDER, CLAIRE~~	42 NAME	Sol WIKARY
STREET ADDRESS	P.O. ~~BOX~~ 950812 N/A	43 STREET ADDRESS	Box 950812
CITY-ST-ZIP	LAKE MARY FL	44 CITY-ST-ZIP	LAKE MARY FL 32795
TITLE	STD	51 TITLE	☒ Change ☐ Addition
NAME	OSTERMAN, TERRY	52 NAME	
STREET ADDRESS	~~501 REMINGTON OAKS~~	53 STREET ADDRESS	Box 950812
CITY-ST-ZIP	LAKE MARY FL	54 CITY-ST-ZIP	LAKE MARY FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Mumbower 2/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D41000 FP