

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000061456 (8)**

1. Corporation Name

MIS' MARY'S DAY CARE, INC.



Principal Place of Business

**1297 BARRETT RD
NO FT MYERS FL 33902
US**

Mailing Address

**1297 BARRETT RD
NO FT MYERS FL 33902 3
US**

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **1297 Barrett Rd.**
Suite, Apt. #, etc.

26 **1297 Barrett Rd.**
Suite, Apt. #, etc.

4. FEI Number
65-0452603

Applied For
Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 **No. F T. Myers, Fla.**

28 **No. Ft. Myers, Fla.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 **33903**

25 **Lee**

29 **33903**

30 **Lee**

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

**WILDMAN, RAYMOND L
5996 SONNE CT
NORTH FORT MYERS FL 33903**

81 Name
Wildman, Raymond L. Sr.

82 Street Address (P.O. Box Number is Not Acceptable)
5996 Sonnet Ct.

83

84 City
No. Ft. Myers, FL

85 Zip Code
33903

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

Raymond L. Wildman Sr
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/15/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P WILDMAN, RAYMOND L SR**
STREET ADDRESS **5996 SONNET CT**
CITY- ST- ZIP **NORTH FORT MYERS FL 33903**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **P WILDMAN, RAYMOND L SR.**
1.3 STREET ADDRESS **5996 SONNET CT**
1.4 CITY- ST- ZIP **NO. FT. MYERS, FLA. 33903**

TITLE ☐ DELETE
NAME **ST WILDMAN, RAYMOND L JR**
STREET ADDRESS **5996 SONNET CT**
CITY- ST- ZIP **NORTH FORT MYERS FL 33903**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **S/T WILDMAN RAYMOND L JR.**
2.3 STREET ADDRESS **5996 sSONNET CT.**
2.4 CITY- ST- ZIP **NO. FT. MYERS, FLA. 33903**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
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 607, 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

FEBRUARY 15, 1996 (941)995-7097

Date

Daytime Phone #

CR2E034 (12/95)