

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 23 1998 8:00am  
Secretary of State

DOCUMENT # P93000061456 (8)

1. Corporation Name

MIS' MARY'S DAY CARE, INC.



Principal Place of Business

1297 BARRETT RD  
NO FT MYERS FL 33903  
US

Mailing Address

1297 BARRETT RD  
NO FT MYERS FL 33903  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/01/1993

4. FEI Number

65-0452603

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

WILDMAN, RAYMOND L  
5996 SONNET CT  
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

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

*Raymond L. Wildman*

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

(NOTE: Registered Agent signature required when reinstating)

1-16-98

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

*SA Wildman R*

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

*VP Wildman, Mary E.  
5996 Sonnet Ct  
No Ft. Myers, FL 33913*

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

*Secretary  
ROBERT J. WILDMAN  
5996 Sonnet Ct  
N. Ft. Myers, FL 33913*

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

*T. Raymond L. Wildman Sr.  
5996 Sonnet Ct  
No Ft. Myers, FL 33907*

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

*D. Wendy K. Wildman  
5996 Sonnet Ct  
No Ft. Myers, FL 33903*

6.1 TITLE  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*Raymond L. Wildman*

176-98 (PVI) 995-7097

CR2E034 (10/97)