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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

WILDMAN, RAYMOND L

NORTH FORT MYERS FL 33903

WILDMAN, RAYMOND L SR

NORTH FORT MYERS FL 33903

NORTH FORT MYERS FL 33913

NOR FORT MYERS FL 33903

WILDMAN, RAYMOND C JR

NORTH FT MYERS FL 33907

5996 SONNET CT

WILDMAN, MARY E

WILDMAN, ROBERT J

5996 SONNET CT

5996 SONNETT CT

WILDMAN, WENDY K **5996 SONNET CT**

NO FT MYERS FL 33903

5996 SONNET CT

5996 SONNET CT

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

12

TITLE

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NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Country

81 Name

82

83 84 City

13.

1.1 TITLE

1.2 NAME

2.1 TITLE

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

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DOCUMENT # P9300061456

Country

9. Name and Address of Current Registered Agent

MIS' MARY'S DAY CARE, INC.

Principal Place of Business Mailing Address 1297 BARRETT RD 1297 BARRETT RD NO FT MYERS FL 33903 NO FT MYERS FL 33903 US US

2a. Mailing Address

City & State

Zip

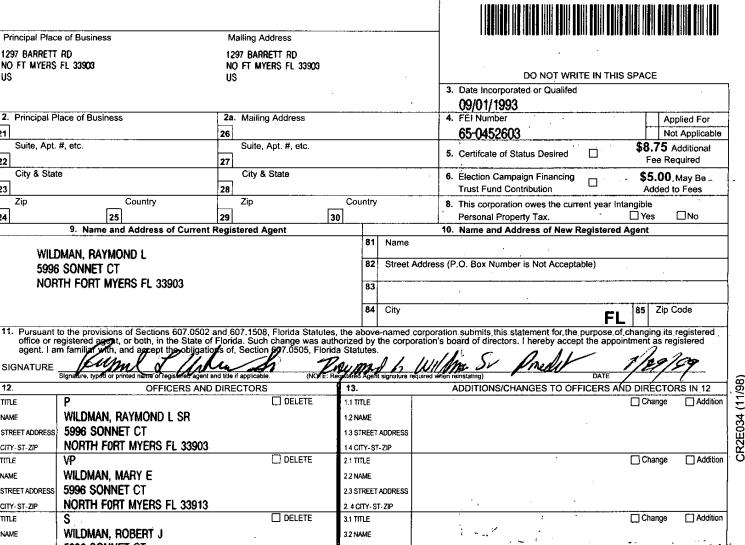
28

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90069 036 ***150.00



Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 trustyle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapged or on an attachment with an addipess, with all other like empowered.