

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

02-18-1999 90069 036 \*\*\*150.00

DOCUMENT # P93000061456

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 the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

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

*Raymond L Wildman Sr President*  
(NOTE: Registered Agent signature required when reinstating)

DATE *1/29/99*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILDMAN, RAYMOND L SR	
STREET ADDRESS	5996 SONNET CT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILDMAN, MARY E	
STREET ADDRESS	5996 SONNET CT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33913	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILDMAN, ROBERT J	
STREET ADDRESS	5996 SONNET CT	
CITY-ST-ZIP	NOR FORT MYERS FL 33903	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILDMAN, RAYMOND C JR	
STREET ADDRESS	5996 SONNETT CT	
CITY-ST-ZIP	NORTH FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILDMAN, WENDY K	
STREET ADDRESS	5996 SONNET CT	
CITY-ST-ZIP	NO FT MYERS FL 33903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond L Wildman Sr* *Raymond L Wildman Sr President* *1/29/99* (941) 985-7097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)