

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR 30 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039182 (8)

1. Corporation Name

FLYING A CHILD CARE CENTER, INC.

Principal Place of Business

**18409 TIMBERLAN DR
LUTZ FL 33549**

Mailing Address

**18409 TIMBERLAN DR
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 15603 Hutchinson Rd

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Tampa, FL

City & State

28

Zip

24 33625

Country

25 USA

Zip

29

Country

30

4. FBI Number

59-3245669

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

**ARLEDGE, A. ANN
18409 TIMBERLAN DR
LUTZ FL 33549**

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

A. Ann Arledge

A. Ann Arledge

3-27-95

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President/Director**
NAME **A. Ann Arledge**
STREET ADDRESS **18409 Timberlan Dr**
CITY- ST- ZIP **Lutz, FL 33549**

1.1 TITLE **President/Director** ☐ Change ☒ Addition
1.2 NAME **A. Ann Arledge**
1.3 STREET ADDRESS **18409 Timberlan Dr**
1.4 CITY- ST- ZIP **Lutz, FL 33**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
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 110.07(3)(b), 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 on 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:

A. Ann Arledge

A. Ann Arledge

3-27-95 (mg) 940-9087

(Signature AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR)

Date

System/Phone #