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

DOCUMENT # P94000049458

Corporation Name

KIDDS DALE DAY CARE, INC.

MODO BALL BALL GALLE, INC.					
•					
·					
Principal Place of Business	Mailing Address				
700A TRANSMITTER RD.	700A TRANSMITTER RD.				

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90024 038 ***150.00



700A TRANSMIT		700A TRANSMITTER RD.							
PANAMA CITY FL 32401		PANAMA CITY FL 32401	1			DO NOT WRITE	N THIS SPACE		
						3. Date Incorporated or Qualifed			l
	•		•			06/29/1994			
2. Principal Pla	ace of Rusiness	2a. Mailing Address				4. FEI Number	Ap	plied For	,:.
z. Filicipai Fia	ace of Busiliess	26	1			59-3252511	1———	t Applicable	を記さ
21 Suito Ant f							\$8.75	Additional	3
—, J.'s.				v ee er		5. Certificate of Status Desired	Fee Re		=
22	City & State City & State					6. Election Campaign Financing	\$5.00	May Bo	1
City & State						6. Election Campaign Financing S5.00 May E Trust Fund Contribution Added to Fee			
23	Country	Country Zip Cou				8. This corporation owes the current			1
			Country 30			Personal Property Tax.	Yes ☐ Yes	□No	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30; 			10. Name and Address of New Reg			1
	9. Name and Address of Currer	it Kegistereu Agent	1	81 N	ame	Tot trains and trade of the train			1
SPEN	ICE, LINDA D			· '					
2 4 45 200 2 7 7 8	SPRING AVE			82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
	AMA CITY FL 32401		-	-		2000年1月1日 2000年1月1日 - 1月1日 - 1	Fig. 650 to 650 to 650 to 650	n Marian Sh	1
FAUN	RMA CITT PE 32401			83					
	•		F	84 C	ity		85 Zip	Code	1
makes are a finder	w . 3 (a	4		-	•		<u> </u>		
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-na	med corpo	oration submits this statement for the pur	pose of changing its	registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida: Such change was au itions of, Section 607.0505, Flor	inorizea ida Statu	tes.	corporation	n's board of directors. I hereby accept the	e appointment as to	gistorea	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered /	Agent sig	nature required	when reinstating): 4 (1)	DATE		ا
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			٤, إ
TITLE	PD	☐ DELETE	1.1 TITI	LΕ		17 Miles	☐ Change	☐ Addition	Ė
NAME	SPENCE, LINDA D.		1.2 NA	ME					5
STREET ADDRESS	2921 AVON ROAD		1.3 STF	REETADO	DRESS				Ì
CITY-ST-ZIP	PANAMA CITY FL		1 A CIT	Y-ST-ZIF	,	•			5
TITLE	STD	DELETE	2.1 111				☐ Change	☐ Addition	5 [
	SPENCE, THOMAS M.	_	2.2 NA						
NAME	2921 AVON ROAD			REET ADO	necee				ļ
STREET ADDRESS				ree i Adi. IY-ST-ZI		•			1
CITY-ST-ZIP	-PANAMA CITY FL	☐ DELETE	3.1 TIT		-		Change	Addition	i
TITLE	.D.	© DELETE							
NAME	SPENCE, SARAH L.		3.2 NA						
STREET ADDRESS	2921 AVON ROAD		3.3 STI	REET ADI	DRESS		3 4 3 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3		
CITY-ST-ZIP	PANAMA CITY FL			ry-st-zi	P		2 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Addition	1
TITLE	D	☐ DELETE	4.1 TITI	LE		** ** ** ** **	Change	. "LI Addition	1
NAME	SPENCE, THOMAS W.		4. 2 NA	ME					İ
STREET ADDRESS	1605 FIRST STREET	2	4.3 STF	REETADO	DRESS				
CITY-ST-ZIP	SOUTH PORT FL		4.4 CIT	Y-ST-ZIF	,				4
TITLE		☐ DELETE	5.1 TIT	LE	1		☐ Change	☐ Addition	Ì
NAME			5.2 NA	ME			•		1
STREET ADDRESS			5.3 STI	REET ADI	DRESS				1.
CITY-ST-ZIP	75		5.4 CIT	Y-ST-ZIF	-	e e e e e e e e e e e e e e e e e e e]:
TITLE	के दास्त्री, रोपरी	☐ DELETE	6.1 TIT	LE			☐ Change	☐ Addition	
NAME	4 23 77 7 3		6.2 NA	ME .			•		1
	Allika Desertação			REET ADI	DRESS				
STREET ADDRESS				Y-ST-ZIF					
CITY-ST-ZIP 📝			0.4 011						

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



1-14-99

850-747-1451 Dayling Phone #