

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:58

DOCUMENT # P94000052275 (2)

1. Corporation Name

LOVING & LEARNING DAY CARE CENTER, INC.

Principal Place of Business

500 BROWNSVILLE RD  
APALACHICOLA FL 32320

Mailing Address

500 BROWNSVILLE RD  
APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

2. Principal Place of Business

21 Highway 98 & Bayshore

Suite, Apt. #, etc.

2a. Mailing Address

25 P.O. Box 974

Suite, Apt. #, etc.

22 Eastpoint, FL

City & State

27 Apalachicola, FL

City & State

23 32328

Zip

Country

28 32329

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COOPER, DEBORAH  
1091 BLUFF ROAD  
APALACHICOLA FL 32320

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

*Deborah Cooper*

(Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

1-16-95

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEWART, HAROLD L  
131 N BAYSHORE DR  
EASTPOINT FL 32328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEWART, DEBRA E  
131 N BAYSHORE DR  
EASTPOINT FL 32328

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(k), 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.

SIGNATURE: *Debra E Stewart / Debra E Stewart* 01-16-95 901-653-8551

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

Date

Printed Name