

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000003686 (9)

1. Corporation Name

SKYCREST CHILD DEVELOPMENT CENTER, INC.



Principal Place of Business

Mailing Address

2045 DREW ST.  
CLEARWATER FL 34625

2045 DREW ST.  
CLEARWATER FL 34625

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3284829

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

10. Name and Address of New Registered Agent

TANKEL, ROBERT L  
33 N. GARDEN AVE.  
SUITE 960  
CLEARWATER FL 34615

81 Name

JONES, WARREN D.

82 Street Address (P.O. Box Number is Not Acceptable)

2045 DREW ST.

83

84 City

CLEARWATER

FL

85 Zip Code

34622

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 607.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and identification available)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ DELETE

NAME JONES, THERESA  
STREET ADDRESS 2045 DREW ST.  
CITY - ST - ZIP CLEARWATER FL 34625

1.1 TITLE ☐ Change ☐ Addition

11.2 TITLE ☐ DELETE

NAME JONES, WARREN D  
STREET ADDRESS 2045 DREW ST.  
CITY - ST - ZIP CLEARWATER FL 34625

2.1 TITLE ☐ Change ☐ Addition

11.3 TITLE ☐ DELETE

NAME JONES, KEN  
STREET ADDRESS 2045 DREW ST.  
CITY - ST - ZIP CLEARWATER FL 34625

3.1 TITLE ☐ Change ☐ Addition

11.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

11.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

11.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

11.7 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

Date

813 724 0470

Daytime Phone #

CR2E034 (12/95)