**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90049 022 \*\*\*150.00

## 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 # P95000051138

LITTLE SHOES CHILD CARE, INC.

	•									
Principal Place	of Rusiness	Mailing A	Address					40111 40101 0111		3181 (811 199)
2211 E. ORANGE		2211 E. ORANGE								
EUSTIS FL 32726		EUSTIS FL					DO NOT WRITE	E IN THIS S	PACE .	
200,,0 10 02.2						•	3. Date Incorporated or Qualified	E IIV TITIO O	- NOE	
	•						06/29/1995			· \
		20 Moilin	na Addrace				4. FEI Number		Apr	lied For
2. Principal Pla	ace of Business	$\vdash$	ng Address				59-3322565		Not	Applicable
21		26 Suite	, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·		\$8.75 A	dditional
Suite, Apt. #, etc.		<u></u>	27			ب بند نید ب	5. Certificate of Status Desired		Fee Re	quired
City & State			& State				6. Election Campaign Financing	П	\$5.00	May Be
<del></del>	•	28					Trust Fund Contribution		Added to	Fees
<b>23</b> ∖ Zip	Country	Zip		Cour	ntry		8. This corporation owes the curre			_
¬ '	25	29	-	30			Personal Property Tax.			□No
24	9. Name and Address of Currer		Agent				10. Name and Address of New Re	egistered A	gent	
			<del></del>		81	Name				
SHO	emaker, emerald r				82	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)	-	
2211	E. ORANGE				-		4	** *		1 2012 340
EUST	ΠS FL 32726			. [	83				, Y	
				}	84	City	1 2 3 8 3	<del></del>	85 Zip C	ode *
				l	. T	•	<u> </u>	FL		
	to the provisions of Sections 607.050 agistered agent, or both, in the State m familiar with, and accept the obliga						on's board of directors. I hereby accep	t the appoint	unent as re	gistered
office or reagent. I as	agistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ations of, Sections and title if applica	ion 607.0505, Fl	orida Statu	ites.		nd when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
office or reagent. I as	agistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AI	ations of, Sections	ion 607.0505, Fl	orida Statu	Agent			DATE		· · · · · · · · · · · · · · · · · · ·
office or magent. I all SIGNATURE  12.	egistered agent, or both, in the State m familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AI	ations of, Sections and title if applica	ion 607.0505, Fl	TE: Registered  13. 1.1 TIT	Agent		nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
office or nagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the State m familiar with, and accept the obligated Signature, typed or printed name of registered age OFFICERS AI  PD SHOEMAKER, EMERALD R	ations of, Sections and title if applica	ion 607.0505, Fl	TE: Registered 13. 1.1 TIT 12 NA	Agent LE	signature require	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
office or magent. I all SIGNATURE  12.	signature, typed or printed name of registered age OFFICERS AI  PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR	ations of, Sections and title if applica	ion 607.0505, Fl	TE: Registered  13. 1.1 TIT 12 NA 1.3 ST	Agent LE ME REET	signature require	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
office or nagent. I all SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of	ations of, Sections and title if applica	on 607.0505, Fi	TE: Registered 13. 1.1 TIT 12 NA 1.3 ST 1.4 CI	Agent TLE WME TY-ST	signature require	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
office or nagent. I all SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AF  PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD	ations of, Sections and title if applica	ion 607.0505, Fl	E: Registered	Agent TLE REET	signature require	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
office or magent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of	ations of, Sections and title if applica	on 607.0505, Fi	TE: Registered	Agent TLE TY-ST- TLE	signature require  ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DR.	ations of, Sections and title if applica	on 607.0505, Fi	TE: Registered	Agent TLE AME TY-ST- TLE AME TREET	ADDRESS ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change	RS IN 12
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of	ations of, Sections and title if applica	on 607.0505, Fi	TE: Registered	Agent TLE AME TY-ST TLE AME TREET	ADDRESS ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
office or magent. I all signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  -CITY-9T-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AT PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DR.	ations of, Sections and title if applica	Clon 607.0505, FI	TE: Registered  13.  1.1 TIT  1.2 NA  1.3 ST  1.4 CT  2.1 TIT  2.2 NA  2.3 ST	Agent TLE MME TY-ST TLE AME TREET TLE TLE TLE TLE	ADDRESS ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change	RS IN 12 Addition
office or magent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DR.	ations of, Sections and title if applica	Clon 607.0505, FI	TE: Registered  13.  1.1 TIT  1.2 NA  1.3 ST  1.4 CT  2.1 TIT  2.2 NA  2.3 ST  2.4 CT  3.1 TIT  3.2 NA	Agent TLE MME REET, TLE TY-ST TREET TTY-ST TTLE TTY-ST	ADDRESS ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change	RS IN 12 Addition
office or magent. I ai signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DR.	ations of, Sections and title if applica	Clon 607.0505, FI	TE: Registered  13. 1.1 TIT 12 NA 1.3 ST 1.4 CT 22 NA 2.3 ST 2.1 TT 3.2 NA 3.3 ST	Agent TLE TY-ST TILE TTY-ST TILE TTY-ST TILE TTY-ST TILE TTY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or in agent. I all SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DR.	ations of, Sections and title if applica	Clon 607.0505, FI	TE: Registered  13. 1.1 TIT 12 NA 1.3 ST 1.4 CT 22 NA 2.3 ST 2.1 TT 3.2 NA 3.3 ST	Agent  Agent  ILE  ME  REET  ITY-SI	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change	RS IN 12 Addition
office or magent. I ai signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AT PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DR.	ations of, Sections and title if applica	On 607.0505, FI	TE: Registered  13. 1.1 TIT 12 NA 1.3 ST 1.4 CT 2.1 TT 22 NA 2.3 ST 3.1 TT 3.2 NA 3.3 ST 3.4. CT	Agent  Agent  ILE  ME  REET  ILE  ME  ITY-ST  ILE  ITY-ST  ILE  ITY-ST  ILE  ITY-ST  ILE  ITY-ST  ILE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or in agent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	signature, typed or printed name of registered age OFFICERS AI PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DRTAVARES FL-32778	ations of, Sections and title if applica	On 607.0505, FI	TE: Registored  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 N	Agent  Agent  TLE  MME  REET  TLE  MME  TREET  TTLE  AME  TREET  TTLE  TREET  TTLE  TAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or in agent. I all SIGNATURE  12.  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 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	signature, typed or printed name of registered age OFFICERS AI PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DRTAVARES FL-32778	ations of, Sections and title if applica	On 607.0505, FI	TE: Registored  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.2 NA 4.3 ST	Agent  Agent  TLE  MME  REET  TLE  MME  TREET  TTLE  AME  TREET  TTLE  TREET  TTLE  TAME	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or in agent. I all SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	signature, typed or printed name of registered age OFFICERS AI PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DRTAVARES FL-32778	ations of, Sections and title if applica	On 607.0505, FI	TE: Registored  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.2 NA 4.3 ST	Agent  Agent  TLE  ME  REET  TY-ST  TLE  AME  TREET  TLE  AME  TREET  TLE  TLE  TLE  TLE  TLE  TTY-ST  TLE  TTY-ST  TLE  TTY-ST  TLE  TTY-ST  TLE  TTY-ST  TLE  TTY-ST  TTY-ST	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or magent. I all signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	signature, typed or printed name of registered age OFFICERS AI PD SHOEMAKER, EMERALD R 15934 HANSONVIEW DR TAVARES FL 32778 STD SHOEMAKER, JAMES R 15934 HANSONVIEW DRTAVARES FL-32778	ations of, Sections and title if applica	On 607.0505, FI  able. (NOT RS DELETE  DELETE	TE: Registored  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.2 NA 4.3 ST 4.4 CIT 4.2 NA 4.3 ST 4.4 CIT 4.4 CIT 4.5 NA 4.5 ST 4.4 CIT 4.4 CIT 4.5 NA 4.5 ST 4.	Agent TLE MME REET TLE MME REET TLE MME REET TLE TLE TREET TLE TREET TLE TREET TTLE TTLE	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or in agent. I all signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the state of the obligation	ations of, Sections and title if applica	On 607.0505, FI  able. (NOT RS DELETE  DELETE	TE: Registored  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NA	Agent TLE MME REET TILE MME AME AME AME AME AME AME	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or in agent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-9T-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	ations of, Sections and title if applica	On 607.0505, FI  able. (NOT RS DELETE  DELETE	TE: Registered  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.2 N 4.3 ST 4.4 CIT 5.2 NA 5.3 ST 5.1 TIT 5.2 NA 5.3 ST	Agent TLE MME REET TILE MME AME AME AME AME AME AME	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change  Change  Change  Change	RS IN 12 Addition Addition Addition Addition
office or in agent. I ai signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	ations of, Sections and title if applica	On 607.0505, FI  able. (NOT RS DELETE  DELETE	TE: Registered  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.2 N 4.3 ST 4.4 CIT 5.2 NA 5.3 ST 5.1 TIT 5.2 NA 5.3 ST	Agent TLE MME REET TILE MME IREET TILE AME	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or in agent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	ations of, Sections and title if applica	DELETE  DELETE  DELETE	TE: Registered  13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 3.4 CIT 3.1 TIT 4.2 N 4.3 ST 4.4 CIT 4.2 N 4.3 ST 4.4 CIT 5.1 TIT 5.2 N 5.3 ST 5.4 CIT 6.1 TIT 6.2 N 6.3 ST 6.1 TIT 6.2 N 6.3 TIT 6.3 N 6.1 TIT 6.2 N 6.3 TIT 6.3 TIT 6.4 TIT 6.5 TIT 6	Agent TLE MME REET TILE MME IREET TILE AME	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	nd when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Change  Change  Change  Change	RS IN 12 Addition Addition Addition Addition

14. I hereby cartify 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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE: