

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000073471 (1)**

1. Corporation Name

NORTH FLORIDA DAYCARE, INC.



Principal Place of Business

1302 NORTHWEST 12 STREET
GAINESVILLE FL 32601

Mailing Address

1302 NORTHWEST 12 STREET
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 4138 N.W. 13th Street

2a. Mailing Address

26 4138 N.W. 13th Street

4. FEI Number

593338834

Applied For Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

23 Gainesville, FL

27 City & State

28 Gainesville, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

24 32609

Country

25 Atachua

29 Zip

29 32609

Country

30 Atachua

8. This corporation has liability for intangible tax under s. 193.037, Florida Statutes Yes No

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.1503, 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

Signature of person filing this report (holder of the corporation's records)

Signature of Agent for the corporation (holder of the corporation's records)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	HIXON, TAMI S	
STREET ADDRESS	1302 NORTHWEST 12 STREET	
CITY - ST - ZIP	GAINESVILLE FL 32601	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HIXON, DAVID E	
STREET ADDRESS	1302 NORTHWEST 12 STREET	
CITY - ST - ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	HIXON, TAMI S.	
13. STREET ADDRESS	4138 N.W. 13TH STREET	
14. CITY - ST - ZIP	GAINESVILLE, FL 32609	
2. TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	HIXON, DAVID E.	
23. STREET ADDRESS	4138 N.W. 13TH STREET	
24. CITY - ST - ZIP	GAINESVILLE, FL 32609	
3. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	PATTON, WILLIAM	
33. STREET ADDRESS	4138 N.W. 13TH STREET	
34. CITY - ST - ZIP	GAINESVILLE, FL 32609	
4. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	PATTON, Deborah	
43. STREET ADDRESS	4138 N.W. 13TH STREET	
44. CITY - ST - ZIP	GAINESVILLE, FL 32609	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(352) 378-8231
(352) 331-1566

CR2E034 (12/95)