

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000073471 (1)**

1. Corporation Name  
**NORTH FLORIDA DAYCARE, INC.**



Principal Place of Business: **4138 NW 13TH STREET GAINESVILLE FL 32609 US**

Mailing Address: **4138 NW 13TH STREET GAINESVILLE FL 32609-1864 US**

3. Date Incorporated or Qualified: **09/22/1995**

3a. Date of Last Report: **08/07/1996**

4. FEI Number: **59-3338834**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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: *Tami S. Hixon* **TAMI S. HIXON** DATE: **4/8/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIXON, TAMI S	
STREET ADDRESS	4138 NW 31ST STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HIXON, DAVID E.	
STREET ADDRESS	4138 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PATTON, WILLIAM	
STREET ADDRESS	4138 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PATTON, DEBORAH	
STREET ADDRESS	4138 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
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

1.1 TITLE	P/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hixon, Tami S.	
1.3 STREET ADDRESS	4138 N.W. 13th Street	
1.4 CITY-ST-ZIP	Gainesville, FL 32609	
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hixon, David E.	
2.3 STREET ADDRESS	4138 N.W. 13th Street	
2.4 CITY-ST-ZIP	Gainesville, FL 32609	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Tami S. Hixon* **TAMI S. HIXON** DATE: **4/8/97** DAYTIME PHONE: **(352) 378-8231**

CR2E034 (9/96)