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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthand

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075084 (0)

FILED Jul 06 1998 8:00am Secretary of State

ABC CHILD DEVELOPMENT CENTER, INC. Principal Place of Business BOI WEST SUMMIT **BO! WEST SUMMIT** BROOKSVILLE FL 34601 BROOKSVILLE FL 34601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3359795 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zıα Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name JOHN\$ON, LEONARD H 37837 MERIDIAN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 314** 83 DADE CITY FL 33525 84 City Zip Code 85 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HUNTER, ALICIA H 19953 Rothst NAME 1.2 NAME P.O. BOX 1953 STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL 34601** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 2.1 TITLE nes I Hunter Ir NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS ooksville, FT 34605 2 4 CITY-ST-ZIP CITY-ST-ZIP AliciA.D. Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34605 CITY-ST-ZIP 3.4. CHY-ST-ZIP Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 7.6 CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE 900002581109 NAME 6.2 NAME -07/07/98--01010--013 STREET ADDRESS **6.3 STREET ADDRESS** ***158.75 CITY-ST-ZIP 6.4 City-ST-ZiP

14. I 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,

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