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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000041264 (8)

THE PALM HARBOR DAY CARE, INC.

## **FILED** Mar 17 1998 8:00am Secretary of State



No. 11 Division Address						A UNDINANT SIA INISA SING ANGS GRESS CONTROLS	) (2	O O CARA DI DI COME	
Principal Place of Business Mailing Address									
31938 US HIGHWAY 19 NORTH PALM HARBOR FL 34684		31938 US HIGHWAY 19 N PALM HARBOR FL 34684	31938 US HIGHWAY 19 NORTH PALM HARBOR FL 34684			DO NOT WRITE IN	THIS SPACE		
					F	3. Date Incorporated or Qualified			
					i	05/13/1996			
2. Principal	2a. Mailing Address	Address			4. FEI Number		Applied For		
21		<del>}</del>	26			59-3397777		Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.						5 Additional	
22		27				5. Certificate of Status Desired L	-1 Fee	Required	
City & Sta	te	City & State	City & State			Election Campaign Financing \$5.00 May Be			
23	28					Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zφ	Count	ry		<ol><li>This corporation owes or has paid t</li></ol>	82.48		
24	25					Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Cu	rrent Registered Agent	8	4 1 612	ame	O. Name and Address of New Negls	raian waaist		
LEE, PATRICIA M ESQUIRE				'  '"	ame				
572 18T AVENUE NORTH			8	82 Street Address (P.O. Box Number is Not Acceptable)			-		
\$1	. Petersburg FL 33701		ā						
			Į°	٦					
			8	4 Ci	ity		FL 85 Z	Zip Code	
		organism for the first of the f	1			tion submits this statement for the purp	occ of changin	a ite registered	
11. Pursuan office or	t to the provisions of Sections 607. registered agent, or both, in the S	tate of Florida. Such change was a	es, the abo authorized	by the	corporation	s board of directors. I hereby accept the	ne appointment	as registered	
agent. I	am <b>fam</b> iliar with, and accept the o	bligations of, Section 607.0505, Flo	orida Statut	es.					
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
12.		AND DIRECTORS	13.	gen by	griature required in	ADDITIONS/CHANGES TO OFFICER		FORS IN 12	
TITLE	P DELETE 11						Chan		
				1.2 NAME					
STREET ADDRESS	TARREST TO SERVICE AND THE AND			1.3 STREET ADDRESS					
CITY-ST-ZIP ST. PETERSBURG FL 33705			1.4 City	1.4 CITY-ST-ZIP					
TITLE		DELETE					Chan	ge Addition	
NAME			2.2 NAME						
STREET ADDRESS	1		2.9 STREET ADDRESS		RESS			i	
CITY-ST-ZIP	1		2. 4 CITY-ST-ZIP		P				
TITLE		☐ DELETE	E 3.1 TITLE			•	☐ Chan	ge 🔲 Addition	
NAME			3.2 NAM	3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDF	RESS				
CITY-ST-ZIP			3.4. CITY	'-ST-ZII	Р				
TITLE	DELETE 4.11			į			L Chan	ge 🗀 Addition	
NAME			4. 2 NAN	1E				1	
STREET ADDRESS			4.3 STR	ET ADDI	RESS			ĺ	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	<u> </u>				
TITLE	DECETE 5.11		. 5.1 TITU				L Chan	ge L. Addition	
NAME			5.2 NAM	Ε					
STREET ADDRESS			5.3 STRE	ET ADDI	RESS	·			
CITY-ST-ZIP				.4 CITY - ST - ZIP			T 1 6/	444944	
TITLE		☐ DELE <b>TE</b>	6.1 TITL		1		L. Chan	ge L Addition	
NAME			6.2 NAM		-				
STREET ADDRESS			6.3 STR	et addi	RESS				
CITY-ST-ZIP			6.4 CITY	- ST - ZIF	<u> </u>		40 418 - 41	the information	
14. I hereby	certify that the information supplied	ed with this filing does not qualify fo	or the exen	notion	stated in Sec	ction 119.07(3)(i), Florida Statutes. I fur	ther 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 a 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, of on an attachment with an address.