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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000046287 (4)**

1. Corporation Name
THE NANNY, INCORPORATED

Principal Place of Business	Mailing Address
2717 COLUMBINE DR., N. JACKSONVILLE FL 32211	2717 COLUMBINE DR., N. JACKSONVILLE FL 32211-4093

3. Date Incorporated or Qualified: 05/24/1996
3a. Date of Last Report: 5-24-96

2. Principal Place of Business
21 6406 Merrill Rd
Suite, Apt. #, etc. 22
City & State 23 Jacksonville FL
Zip 24 32211 Country 25 Duval

2a. Mailing Address
26 Po Box 11162
Suite, Apt. #, etc. 27
City & State 28 Jacksonville FL
Zip 29 32239-1162 Country 30 Duval

4. FEI Number: 59-3386170 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAYS, JUDY 2717 COLUMBINE DR., N. JACKSONVILLE FL 32211	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 607.1508, 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 Judy Hays 3-11-97
Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JUDY W. HAYS	1.2 NAME	
STREET ADDRESS	2717 COLUMBINE DR. NO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL E. HAYS	2.2 NAME	
STREET ADDRESS	2717 COLUMBINE DR. NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	RW 4-16-97
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Blk Dep$ 165.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Judy Hays 3-11-97 (904) 145-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004433