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May 12 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 # P96000071423 (3)

1. Corporation Name
FIRST COAST CHILDREN'S ORCHARD INC.



Principal Place of Business
13246 MARYWEATHER CT
JACKSONVILLE FL 32225

Mailing Address
13246 MARYWEATHER CT
JACKSONVILLE FL 32225-9178

3. Date Incorporated or Qualified 08/20/1996 3a. Date of Last Report N/A

2. Principal Place of Business
21. 14444 Beach Blvd
Suite, Apt. #, etc.
22. Suite 57
City & State
23. Jacksonville, FL
Zip Country
24. 32250 25. Duval
2a. Mailing Address
26. 14444 Beach Blvd
Suite, Apt. #, etc.
27. Suite 57
City & State
28. Jacksonville, FL
Zip Country
29. 32250 30. Duval

4. FEI Number 59-3396776 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
GUPTON, C J
11127 LEM TURNER RD
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D
NAME HERRIN, JODIE M
STREET ADDRESS 13246 MARYWEATHER CT
CITY-ST-ZIP JACKSONVILLE FL 32225
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/D [] Change [] Addition
1.2 NAME Herrin, Jodie M
1.3 STREET ADDRESS 13246 Maryweather Ct
1.4 CITY-ST-ZIP Jacksonville, FL 32225
2.1 TITLE V/D [] Change [] Addition
2.2 NAME Herrin, Keith
2.3 STREET ADDRESS 13246 Maryweather Ct
2.4 CITY-ST-ZIP Jacksonville, FL 32225
3.1 TITLE T [] Change [] Addition
3.2 NAME Cole, Janice
3.3 STREET ADDRESS 3554 Leestone Rd
3.4 CITY-ST-ZIP Callahan, FL 32011
4.1 TITLE S [] Change [] Addition
4.2 NAME Swink, Teresa
4.3 STREET ADDRESS 202 W. 18th St
4.4 CITY-ST-ZIP Jacksonville Beh, FL 32250
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] 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: Jodie M. Herrin 4/18/97 904-223-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)