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

FILED
Jun 16 1998 8:00 am
Secretary of State

DOCUMENT # **P97000033248 (0)**

1. Corporation Name
HARMONY CHILD CARE CENTER INC.

Principal Place of Business
12551 N. HWY 19
CHIEFLND FL 32626

Mailing Address
P.O. BOX 411
CHIEFLND FL 32644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1997

2. Principal Place of Business
21

Suite, Apt #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number
59-3450414
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCOTT, LINDA J
12551 N. HWY 19
CHIEFLND FL 32626

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Linda J Scott Linda J. Scott 4/28/98
Signature of an officer or director of registered agent and its capacity (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SCOTT, LINDA J	
STREET ADDRESS	P.O. BOX 2211	
CITY-ST-ZIP	CHIEFLND FL 32644	
TITLE	D	☐ DELETE
NAME	SCOTT, DAVID D	
STREET ADDRESS	P.O. BOX 2211	
CITY-ST-ZIP	CHIEFLND FL 32644	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	PSD ☐ Change ☐ Addition
1.2 NAME	Linda J. Scott	SCOTT, LINDA J.
1.3 STREET ADDRESS	11990 NW 10th Ave.	11990 NW 10th AVE.
1.4 CITY-ST-ZIP	Chiefland	CHIEFLAND, FL
2.1 TITLE	V/T/C/M	VTCM ☐ Change ☐ Addition
2.2 NAME	David M. Scott	SCOTT, DAVID M.
2.3 STREET ADDRESS	11990 NW 10th Ave.	11990 NW 10th AVE.
2.4 CITY-ST-ZIP	Chiefland	CHIEFLAND, FL
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

600002562385
-06/17/98-01030-005
***150.00

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 is an affiliate report with an address.

SIGNATURE 4/28/98

CR2E034 (10/97)