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

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

SCOTT, LINDA J

12551 N. HWY 19 CHIEFLND FL 32626

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700033248

Country

9. Name and Address of Current Registered Agent

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HARMONY CHILD CARE CENTER INC.

Mailing Address Principal Place of Business P.O. BOX 411 12551 N. HWY 19 CHIEFLND FL 32644 CHIEFLND FL 32626

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Zip

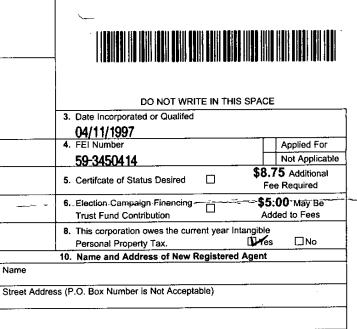
2a. Mailing Address

Suite, Apt. #, etc.

City & State

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90087 007 \*\*\*150.00



Zip Code

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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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	Egystored rights significant required many		
TITLE	PSD DELET			Change	Addition
NAME	SCOTT, LINDA J	1.2 NAME			
STREET ADDRESS		1.3 STREET ADORESS			
CITY-ST-ZIP	CHIEFLND FL 32644	1.4 CITY-ST-ZIP			
TITLE	VTCM DELET	TE 2.1 TITLE		Change	☐ Addition
NAME	SCOTT, DAVID M	. 2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	CHIEFLND FL 32644	2. 4 CITY-ST-ZIP			
TITLE -		TE 3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELE	TE 4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	□ DELET	TE 5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELE			Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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 cha

SIGNATURE