


FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90024 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 097000064601 or

1. Corporation Name

PLAY CORNER DAY CARE, INC

Principal Place of Business

Mailing Address

627 South 54 St

Macclenny, FL 32063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		7/25/97	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3491166	
24 Country		29 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shirley Dugger
 627 S. 54 St
 Macclenny FL 32063

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

Shirley Dugger Sec. Treasurer

(NOTE: Registered Agent signature required when reinstating)

3-31-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres	1.1 TITLE	
NAME	TERRY DUGGER	1.2 NAME	
STREET ADDRESS	627 S. 54 St Macclenny FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	627 S. 54 St Macclenny FL	1.4 CITY-ST-ZIP	
TITLE	Sec. TREAS	2.1 TITLE	
NAME	Shirley Dugger	2.2 NAME	
STREET ADDRESS	627 S. 54 St Macclenny FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	627 S. 54 St Macclenny FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Dugger

3-13-99

Date

(904) 259-2828

Daytime Phone #

CR2E034 (1/198)