

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000089269 (9)

1. Corporation Name

CHILD CARE REGISTRY OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

3628 LUCERNE DRIVE  
TALLAHASSEE FL 32303

2628 LUCERNE DRIVE  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2605 LUCERNE DRIVE

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE, FL

Zip

Country

24 32303-2211

25

2a. Mailing Address

26 P.O. BOX 3823

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE, FL

Zip

Country

29 32315-3823

30

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

5A-3474753

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

WRIGHT, WILSON W  
217 SOUTH ADAMS ST  
TALLAHASSEE FL 32301-1708

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME RICHARDSON, JUNE  
STREET ADDRESS P O BOX 3823  
CITY-ST-ZIP TALLAHASSEE FL 32315-3823

☒ DELETE

TITLE P  
NAME WRIGHT, JUNE  
STREET ADDRESS P O BOX 3823 N/A  
CITY-ST-ZIP TALLAHASSEE, FL 32315-3823

☒ DELETE

TITLE P  
NAME WRIGHT, JUNE  
STREET ADDRESS 2605 LUCERNE DR  
CITY-ST-ZIP TALLAHASSEE, FL 32303-2211

☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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.

SIGNATURE June Wright

4/1/98

CR2E034 (10/97)