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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092167 (0)

KIDS - N - FUN DAYCARE AND LEARNING CENTER, INC.

Principal Place of Business Mailing Address **4640 RICKER ROAD** 4640 RICKER ROAD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 2. Principal Place of Business Mailing Address 4. FEI Number 59 - 3475108 Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes
No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CLANCE, WAYNE D 4751 SAN JUAN AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2 83 JACKSONVILLE FL 32210 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 reposered agont and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MAIWALD, JAMES W NAME 1.2 NAME 6058 VERDES ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE __ Change Addition TITLE 2.1 TITLE MAIWALD, TERESA L NAME 2.2 NAME **6058 VERDES ROAD** STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY+ST-ZIP 2.4 CITY-ST-ZIP Change DELETE TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

FILED Apr 28 1998 8:00am Secretary of State



14. Thereby certify that the information supplied with this filling 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 receive nor trustee empowered to exclude 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.