

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90162 049 ***150.00

DOCUMENT # P98000060865

1. Corporation Name

HUGGIE BEAR'S CHILD CARE AND LEARNING CENTER INC

Principal Place of Business

4629 OUTER DRIVE
NAPLES FL 34112

Mailing Address

4629 OUTER DRIVE
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

4. FEI Number

59 353 3020

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4705 OUTER DR

Suite, Apt. #, etc.

22

City & State

23 NAPLES FL

Zip

24 34112

Country

25 COILIER

2a. Mailing Address

26 4705 OUTER DR

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL

Zip

29 34112

Country

30

9. Name and Address of Current Registered Agent

JACKSON, LORRY K
4629 OUTER DRIVE
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

JACKSON, LORRY K

82 Street Address (P.O. Box Number is Not Acceptable)

4705 OUTER DR

83

84 City

NAPLES

FL

85 Zip Code

34112

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

Larry K Jackson

Pres.

4/20/99

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 ☐ 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

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 ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
LORRY K JACKSON
4705 OUTER DR
NAPLES FL 34112

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S
MARY GALLAGHER
3179 CALUSA AVE
NAPLES FL 34112

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

B V
SHOTBY
3179 CALUSA AVE
NAPLES FL 34112

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

941-775-1119

Daytime Phone #

CR2E034 (11/98)

0459597