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

DOCUMENT # P98000095917

1. Corporation Name

LITTLE HOUSE IN DEBARY, INC.

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

04-22-1999 90069 024 ***150.00

|--|--|

Principal Place	of Business	Mailing Address					19191 01110 10101	
65-B \$ HWY 17-92 65-B \$ HWY 17-92								-
DEBARY FL 327	32713 DEBARY FL 32713			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife	d		
					11/13/1998			
2. Principal Pl	ace of Business	2a. Mailing Address .	(7		4. FEI Number	0 -	Ap	plied For
21 4 50	eminole Dr	26 4 Semin	role Dr		59-35409	72_		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	-	\$8.75 A	,
22		27						
City & State			E1		Election Campaign Financing Trust Fund Contribution	, 🗆	\$5.00 Added t	
23 <i>DED A</i> Zip	Country	28	Country		8. This corporation owes the cu	rrent vear Ini		10 1 003
24 327/	3 25 115A	29 327/3 3	~ <i>(100</i>		Personal Property Tax.	mont your mi	∐ Yes	⋈ (№
24 / 0 2 11	9. Name and Address of Current				10. Name and Address of New	Registered	Agent	/
			81 Nam	е			•	
	WER, DENISE L		82 Stree	t Addres	ss (P.O. Box Number is Not Acce	table)		
65-B S HWY 17-92			4		minole Dri	<u>re </u>		
UEBA	ARY FL 32713		83					
			84 City	_ 1	<u> </u>		85 Zip	Code
			T	<u> Jeb</u>	ary.	FŁ	-	-//2
office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	if Florida. Such change was auth	iorized by the cor	d corpor poration	ation submits this statement for the board of directors. I hereby acc	e purpose or ept the appoi	cnanging its intment as re	gistered
agent. I ai	m familiar with, and accept the obligati	ns of, Section 607.0505, Florid	a Statutes.			26_10	299	
SIGNATURE	Signature, typed or printed name of registered agent	NEMICA (NOTE: PA	egistered Agent signatur	a recuriced v	when reinstation)	DATE		
12.	OFFICERS ANI		13.	0.104000.1	ADDITIONS/CHANGES TO C	FFICERS AN	ND DIRECTO	ORS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE		<u></u>	_	Change	Addition
NAME	CREMER, DENISE L		1.2 NAME					
STREET ADDRESS	65-B S HWY 17-92		1.3 STREET ADDRES	s H	- Deminale Driv	<u>ಜ</u>		ł
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY-ST-ZIP	De	bary, FL 327	<u> 13 </u>		7.415
TITLE	D	☐ DELETE	2.1 TITLE		•		Change	☐ Addition
NAME	PRICE, JACKIE		2.2 NAME	.,	Comingle Dive			l
STREET ADDRESS	65-B S HWY 17-92		2.3 STREET ADDRES		Seminole Drive			Į
CITY-ST-ZIP	DEBARY FL 32713 -		2.4 CITY-ST-ZIP		ebary, FL. 3271		Change	Addition
TITLE		☐ DETEIE	3.1 TITLE 3.2 NAME		•			
NAME			3.3 STREET ADDRES	s				
STREET ADDRESS			3.4. CITY-ST-ZIP	~				Ì
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE	1			Change	Addition
NAME			4. 2 NAME					J
STREET ADDRESS			4.3 STREET ADDRES	s				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	_				
STREET ADDRESS			5.3 STREET ADDRES	is				ł
CITY-ST-ZIP		G perer	5.4 CITY-ST-ZIP 6.1 TITLE	-		200	Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME	1		A % *		
NAME	,		6.3 STREET ADDRES	- اء				
STREET ADDRESS			6.3 STREET ADDRES	~				İ

14. 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: