

DOCUMENT # P99000093614

1. Entity Name

CRADLE TO CRAYONS CHILD CARE, INC.

Principal Place of Business

Mailing Address

6595 MESSER RD.  
GRAND RIDGE FL 324426595 MESSER RD.  
GRAND RIDGE FL 32442 4327

FILED

00 APR 12 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

24 Decatur Street

P.O. Box 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Chattahoochee, FL

City &amp; State

Chattahoochee

4. FEI Number

593604532

Applied For

Not Applicable

Zip

32324

Country

Gadsden

Zip

32324

Country

Gadsden

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDMON, J. SHAD  
4450 LAFAYETTE ST.  
MARIANNA FL 32446

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
SULLIVAN, SANDRA N  
6595 MESSER RD.  
GRAND RIDGE FL 32442☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
BOAKES, REBEKAH R  
3878 PINE GROVE RD.  
QUINCY FL 32351☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Change☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebekah Boakes

2-23-00

850-663-3979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2004 (9/99)

TS