

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90199 025 ***150.00

DOCUMENT # S44570

1. Corporation Name

HAPPY ACRES CHILD CARE, INC.

Principal Place of Business

3604 MEADOWBROOK AVE
ORLANDO FL 32808
US

Mailing Address

3604 MEADOWBROOK AVE
ORLANDO FL 32808
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1991

4. FEI Number

59-3099362

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

9. Name and Address of Current Registered Agent

GRANT, JOAN A
328 PLUMWOOD CIRCLE
KISSIMMEE FL 34743

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

☐ DELETE

NAME

GRANT, JOAN A

STREET ADDRESS

328 PLUMWOOD CIRCLE

CITY-ST-ZIP

KISSIMMEE FL 34743

TITLE

VP

☒ DELETE

NAME

PROSPERE, IRENE

STREET ADDRESS

5825 PONDWOOD CT.

CITY-ST-ZIP

ORLANDO FL 32810

TITLE

S

☐ DELETE

NAME

MEDINA, MORAIMA

STREET ADDRESS

2406 BRAEMAR DR.

CITY-ST-ZIP

KISSIMMEE FL 34743

TITLE

T

☐ DELETE

NAME

AMBERSLEY, MILLCENT

STREET ADDRESS

200 COMPETITION DRIVE

CITY-ST-ZIP

KISSIMMEE FL 34743

TITLE

M

☐ DELETE

NAME

HAYNES, LEILA

STREET ADDRESS

328 PLUMWOOD CIRCLE

CITY-ST-ZIP

KISSIMMEE FL 34743

TITLE

M

☐ DELETE

NAME

THOMAS, MONICA

STREET ADDRESS

4859 NORWALK PLACE

CITY-ST-ZIP

ORLANDO FL 32808

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)