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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
CORPORATE FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:47

DOCUMENT # S77120 (1)

1. Corporate Name
ABBATE'S DAYCARE, INC.

Mailing Address
7663-1 BLANDING BLVD
JACKSONVILLE FL 32244

Principal Place of Business
7663-1 BLANDING BLVD
JACKSONVILLE FL 32244

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation: 08/29/1991
3a. Date of Last Report: 05/01/1994

2. Mailing Address
21
Suite, Apt. #
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
29 30

4. FEI Number: 59-3083425
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ABBATE, THOMAS J.
7663-1 BLANDING BLVD
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent
81 Name: Elizabeth Abbate
82 Street Address (P.O. Box Number Not Acceptable): 7663-1 Blanding Bv
83
84 City: Jax FL 85 Zip Code: 32244

11. Pursuant to the provisions of Section 607.0122, and/or 608, 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: Elizabeth Abbate 1/23/95
Registered Agent Signature or Signature of Officer or Director

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	ABBATE, THOMAS J.	NAME	Elizabeth Abbate
STREET ADDRESS	7663-1 BLANDING BLVD	STREET ADDRESS	7663-1 Blanding Bv
CITY, ST, ZIP	JACKSONVILLE FL	CITY, ST, ZIP	Jax, Fl 32244
TITLE	P	TITLE	P ☒ Change ☐ Addition
NAME	ABBATE, THOMAS J.	NAME	Elizabeth Abbate
STREET ADDRESS	3039 SABAL PALM DRIVE	STREET ADDRESS	7663-1 Blanding Bv
CITY, ST, ZIP	JACKSONVILLE FL	CITY, ST, ZIP	Jax, Fl 32244
TITLE	V	TITLE	V ☐ Change ☐ Addition
NAME	ABBATE, MARLENE	NAME	Marlene Abbate
STREET ADDRESS	3039 SABAL PALM DRIVE	STREET ADDRESS	3039 Sabal Palm Dr
CITY, ST, ZIP	JACKSONVILLE FL	CITY, ST, ZIP	Jax, Fl 32244
TITLE	T	TITLE	T ☒ Change ☐ Addition
NAME	ABBATE, ELIZABETH	NAME	Ronald Abbate
STREET ADDRESS	1571 ABE CT.	STREET ADDRESS	2155 Derringer Cir E
CITY, ST, ZIP	JACKSONVILLE FL	CITY, ST, ZIP	Jax Fl 32225
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I further certify that I am familiar with the contents of the annual report or supplemental annual report to be filed and that my signature shall have the same legal effect as if made under oath. That I am aware that a false report or supplemental annual report is grounds for the revocation of the corporation's authority to transact business in Florida as provided for in Section 607.1622, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: Elizabeth Abbate 1/23/95 904 772-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0024193 CP