

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S93495

(7)

1. Corporation Name

TOYLAND DAYCARE, INC.

Principal Place of Business

Mailing Address

700 MAGNOLIA BLVD.  
WAUCHULA FL 33873

700 MAGNOLIA BLVD.  
WAUCHULA FL 33873-0575



2. Principal Place of Business		2a. Mailing Address	
21	508 Magnolia Blvd	26	508 Magnolia Blvd.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Wauchula, Florida	27	Wauchula, Fla.
City & State		City & State	
23	33873	28	33873
Zip		Zip	
24		29	
Country		Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
11/12/1991	05/01/1996
4. FEI Number	Applied For
65-0314968	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GAMBLER, MAE 700 MAGNOLIA BLVD. WAUCHULA FL 33873		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 Mae Gambler, Director (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLER, MAE	12. NAME	
STREET ADDRESS	700 MAGNOLIA BLVD.	13. STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	14. CITY-ST-ZIP	
TITLE	STD	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWATT, ETTA LEE	2.2. NAME	
STREET ADDRESS	700 MAGNOLIA BLVD.	2.3. STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	2.4. CITY-ST-ZIP	
TITLE		3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE		4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-ST-ZIP		4.4. CITY-ST-ZIP	
TITLE		5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-ST-ZIP		5.4. CITY-ST-ZIP	
TITLE		6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-ST-ZIP		6.4. CITY-ST-ZIP	

14. I do 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

SIGNATURE: Mae Gambler 11/8/97 941-767-0555

CR2E034 (9/96)