FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

Apr 02 1997 8:00am **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 (5)**DOCUMENT # V26348** KNIGHT'S FAMILY DAYCARE, INC. Principal Place of Business Mailing Address 1989 50TH ST SW 1989 50TH ST SW NAPLES FL 34116-5750 NAPLES FL 33999 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1992 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0325502 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 . Zip Country Country ZiD 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name KNIGHT, C HEATHER 1989 50TH ST SW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 83 84 City 85 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 supportive it type of or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change 1.1 TITLE Dhf KNIGHT, HEATHER NAME 12 NAME CR2E034 1989 50TH STREET STREET ACIDRESS 1.3 STREET ADDRESS NAPLES FL 33999 CITY - \$1 - 700 14 City - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE KNIGHT, KEVIN L 2.2 NAME NAM 1989 50TH STREET 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33999 OITY-ST-Zi-2. 4 CITY-ST-ZIP DELETE Change Addition Till, E 3.1 TITLE KNIGHT, C. HEATHER, 3.2 NAME **1989 50TH STREET** STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 33999 3.4. CITY-ST-ZIP CITY: ST. ZIP DELETE Change Addition 1.11.5 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C/14 - \$1 - Z/P DELETE Change Addition Trice 5.1 T(T) F MAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY ST-769 54 CITY - ST - ZIP DELETE 61 TITLE ☐ Change ☐ Addition me 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 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.

16 Phone # 0415372

FILED