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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V70419

1. Corporation Name: ELLIE'S DAY CARE, INC.

Principal Place of Business: 449 BELL AVENUE, BROOKSVILLE, FL 34601

Mailing Address: SAME.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/92

4. FEI Number: 59-3149409 — 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 or has paid the current year Intangible Personal Property Tax due June 30: ☒ Yes ☐ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent:
DAVID BUCK ESQ.
13129 SPRINGHILL DRIVE
SPRING HILL FL 34609.

10. Name and Address of New Registered Agent:
81 Name: PHILIP PEARCE
82 Street Address (P.O. Box Number is Not Acceptable): 4250 NEFF LAKE ROAD.
83:
84 City: BROOKSVILLE FL
85 Zip Code: 34602

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: PHILIP PEARCE PRESIDENT — DATE: 4/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	PHILIP PEARCE
STREET ADDRESS	4250 NEFF LAKE ROAD,
CITY-ST-ZIP	BROOKSVILLE FL 34602
TITLE	VICE PRESIDENT ☐ DELETE
NAME	CHRISTINA PEARCE
STREET ADDRESS	4250 NEFF LAKE ROAD.
CITY-ST-ZIP	BROOKSVILLE FL 34602.
TITLE	CINDI ANTOINE VICEPRESIDENT. ☒ DELETE
NAME	
STREET ADDRESS	15318 SHOSHONE TRAIL
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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: PHILIP PEARCE PRESIDENT 4/16/98 352 796 5683.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

CR2E034 (10/97)