

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 507800

Entity Name: HOGAN LANE DAY CARE, INC.

Current Principal Place of Business:

8019 HOGAN COVE DRIVE
JACKSONVILLE, FL 32221

Current Mailing Address:

8019 HOGAN COVE DRIVE
JACKSONVILLE, FL 32221 US

FEI Number: 59-1679936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOGAN, SHARON DPD
8028 HOGAN COVE DRIVE
JACKSONVILLE, FL 32221 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name HOGAN, SHARON
Address 8028 HOGAN COVE DR
City-State-Zip: JACKSONVILLE FL 32221

Title PD
Name HOGAN, SHARON
Address 8028 HOGAN COVE DR
City-State-Zip: JACKSONVILLE FL 32221

Title VP
Name LITWIN, AMY HVP
Address 8020 HOGAN COVE DR
City-State-Zip: JACKSONVILLE FL 32221

Title T
Name LITWIN, AMY HOGAN
Address 8020 HOGAN COVE DRIVE
City-State-Zip: JACKSONVILLE FL 32221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON HOGAN

D, PD, S

08/05/2016

Electronic Signature of Signing Officer/Director Detail

Date