

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **497959** (7)

1. Corporation Name
OAKHURST CHILD CARE CENTER, INC.



Principal Place of Business: **13233 102ND AVE N LARGO FL 34644**
Mailing Address: **13233 102ND AVE N LARGO FL 34644**

3. Date Incorporated or Qualified 03/01/1976	3a. Date of Last Report 01/26/1995
4. FCI Number 59-1656465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent KINKAID, JAMES L. 13233 102ND AVE. N. LARGO FL 34644		10. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature must be printed name of registered agent and the filer. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	NAME	11 TITLE	12 NAME
NAME	STREET ADDRESS	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP		21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	NAME	31 TITLE	32 NAME
NAME	STREET ADDRESS	33 STREET ADDRESS	34 CITY-ST-ZIP
CITY-ST-ZIP		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	51 TITLE	52 NAME
NAME	STREET ADDRESS	53 STREET ADDRESS	54 CITY-ST-ZIP
CITY-ST-ZIP		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sharon B. Kinkaid* **Sharon B. Kinkaid**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/25/96** (813) 596-3411
Digitally Signed by: _____

CR2E034 (12/95)