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Feb 17 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 # 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 33774-5443

3. Date Incorporated or Qualified 03/01/1976	3a. Date of Last Report 01/30/1996
4. FEI Number 59-1656465	Applied For 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 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

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	Lisa Ann Hall
82 Street Address (P.O. Box Number is Not Acceptable)	13233 102nd Ave. N.
83	
84 City	Largo FL
85 Zip Code	33774

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: Lisa Ann Hall DATE: 2/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD KINKAID, JAMES L.	<input checked="" type="checkbox"/> DELETE
NAME	13233 102ND AVE.	
STREET ADDRESS	LARGO FL	
CITY - ST - ZIP		
TITLE	SD KINKAID, SHARON	<input checked="" type="checkbox"/> DELETE
NAME	13233 102ND AVE.	
STREET ADDRESS	LARGO FL	
CITY - ST - ZIP		
TITLE	VP WARDELL, DIANE	<input checked="" type="checkbox"/> DELETE
NAME	13233 102ND AVE	
STREET ADDRESS	LARGO FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD Hall, Lisa A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	13233 102nd Ave N.		
1.3 STREET ADDRESS	Largo FL		
1.4 CITY - ST - ZIP			
2.1 TITLE	Secretary + Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Hall, Richard O		
2.3 STREET ADDRESS	13233 102nd Ave. N		
2.4 CITY - ST - ZIP	Largo, FL		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: Lisa Ann Hall DATE: 2/12/97 DAYTIME PHONE: (813) 596-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)