

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90275 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **5 837 102**

1. Corporation Name

**Brandt's Child Care Center, Inc.**

Principal Place of Business

Mailing Address

**142 Masters Dr. Same**  
**St. Augustine, FL 32095**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10-8-86**

2. Principal Place of Business

2a. Mailing Address

**142 Masters Dr.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**St. Augustine, FL**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**24 32095**

**25 St Johns**

**29**

**30**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be

Added to Fees

8. This corporation owes the current year Intangible Personal

Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Donald J. Sutton**  
**142 Masters Dr.**  
**St. Augustine, FL 32095**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**Vice PRES.**  
**Donald J. Sutton**  
**142 Masters Dr.**  
**St. Aug., FL 32095**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**PRESIDENT**  
**Cheri L. Sutton**  
**142 Masters Dr.**  
**St. Augustine, FL 32095**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**Donald J. Sutton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/99**

Date

**904-829-5457**

Daytime Phone #