

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 # **170911** (2)

1. Corporation Name
HOOSIER MANOR INC



Principal Place of Business

**AGNES L CRIPE
1405 14TH ST WEST
BRADENTON FL 34205**

Mailing Address

**AGNES L CRIPE
1405 14TH ST WEST
BRADENTON FL 34205**

3. Date Incorporated or Qualified 10/24/1952	3a. Date of Last Report 04/21/1995
4. FEI Number 59-0681521	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 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BLALOCK, ROBERT G
1400 4TH AVE W
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL Zip Code
---------	---	----	---------	----------------

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person or persons authorized to sign this report

Signature of the Agent or the registered agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CRIPE, ROBERT E	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	66083 S.R. 15	2. NAME
STREET ADDRESS	GOSHEN IN	3. STREET ADDRESS
CITY, ST, ZIP	TSD	4. CITY, ST, ZIP
TITLE	TSD	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIPE, AGNES L.	6. NAME
STREET ADDRESS	1404-3 PEMBROKE CIRCLE	7. STREET ADDRESS
CITY, ST, ZIP	GOSHEN IN	8. CITY, ST, ZIP
TITLE	VD	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIPE, RICHARD D.	10. NAME
STREET ADDRESS	2514 S. MAIN ST.	11. STREET ADDRESS
CITY, ST, ZIP	GOSHEN IN	12. CITY, ST, ZIP
TITLE		13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY, ST, ZIP		16. CITY, ST, ZIP
TITLE		17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY, ST, ZIP		20. 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: *Richard D. Cripe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

CR2E034 (12/95)