F14750

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	e)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



100009330921

12/11/02--01020--007 **\$5.00

2002 DEC | | PM |: 57

R.A. Charge NF 12-19-2002

JOHNSTON AND SASSER., P.A.

Offices:

29 S. Brooksville Ave Brooksville, Florida 34601

(352) 796-5123

Fax: (352) 799-3187

4026 Commercial Way Spring Hill, FL 34606

(352) 688-7490

Fax: (352) 799-3187

TRANSMITTAL COVER SHEET								
Date:	December 9,	2001						
To:	Division of C Post Office I			<u>-</u>				
Re:	ORANGE-K Change of R	ARE, INC. egistered Agent						
ENCL	OSED PLEAS	SE FIND:						
x	Original	and/orCoj	pies of:					
Statement Of Change Of Registered Agent Check in the amount of \$35.00 for the filing fee								
Would	l you please:	ACKNOWLEDG	E RECE	(PT	<i>;</i>			
	Consent	Record		Notarize	Return Original			
	Approve	Review	. 	Reply	Return Copies			
1	File	Sign		Phone	Other			

*CALL ME IF YOU HAVE ANY QUESTIONS - THANKS, ANN WHITE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

42 A 1

Pursuant to ti	he provisions of sec	ctions 607.0502.	617.0502, 60	7.1508, or 617.	.1508. Florida Sta	atutes.			
	of change is submit	ted for a corpora	tion organize	d under the law					
of Florida.		5 5	2	0	,				
1. The name of	of the corporation:	Orange-Kare,	Inc.						
2. The princip	2. The principal office address: 4133 Spring Lake Highway Brooksville, Florida 34601								
3. The mailing	g address (if differen	nt):	·	·- ·- 1					
4. Date of inco	orporation/qualificat	tion: 1/13/198	81	Document numb	er: <u>F14750</u>				
	nd street address of partment of State:	the current registe	ered agent an	d registered offi	ce on file with the	2002 DEC			
	Joseph F. Joh)EC			
	29 S. Brooks	ville Avenue							
	Brooksville,	Florida 34605	5			PM			
6. The name a changed):	and street address of		ered agent (i	f changed) and	/or registered offi	ice (if			
	29 S. Brooksy	ville Avenue							
	Brooksville,	(P.O. Box or personal m Florida 34601	nailbox NOT accep	table)	<u></u>				
agent, as chan	lress of its registered ged will be identica	ıl.			•				
_ U	was authorized by rethe board, or the co					: so			
Signature of an office	er, chairman or vice chairma	an of the board)	Thomas O	. Mountain, rinted or typed name as	President .	_			
I hereby acces	ot the appointment of the comply with the office of the comply with the office of the confirm the confirmation that the co	as registered age	nt and agree I statutes rela and accept the ed merely to t ion has been	to act in this ca	ipacity.				
	(Signature of Registered Age	ent)	TOACTOR	(Date)		-			
If signing on beh	alf of an entity:					_ -			
	(Typed or Printed Name)			(Capacity)		_			

* * * FILING FEE: \$35.00 * * *