

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000031557 (9)**

1. Corporation Name

SENIOR AMERICAN MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**410 N HALIFAX AVE
SUITE B
DAYTONA BEACH FL 32118**

**410 N HALIFAX AVE
SUITE B
DAYTONA BEACH FL 32118**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

03/23/1995

4. FEI Number

59-3237297

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

**BROCK, DARRELL L
410 N HALIFAX AVE
SUITE A
DAYTONA BEACH FL 32118**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 in Block 12 of registered agent and filed separately

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	LOCKEY, KYLE E JR	
STREET ADDRESS	410 N HALIFAX AVE SUITE B	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	
TITLE	PCEO	DELETE
NAME	LITTLE, ROBERT H	
STREET ADDRESS	410 N HALIFAX AVE SUITE B	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	
TITLE	CFO	DELETE
NAME	COBURN, KENNETH A	
STREET ADDRESS	3411 PALMIRA AVE.	
CITY-STATE-ZIP	TAMPA FL 33629	
TITLE	D	DELETE
NAME	JACOBS, MICHAEL J	
STREET ADDRESS	311 WHITE BRIDGE RD.	
CITY-STATE-ZIP	NASHVILLE TN 37209	
TITLE	D	DELETE
NAME	NEGUS, ANTHONY J	
STREET ADDRESS	1775 THE EXCHANGE, SUITE 450	
CITY-STATE-ZIP	ATLANTA GA 30339	
TITLE	D	DELETE
NAME	MATTHEWS, ROBERT M	
STREET ADDRESS	400 PERIMETER CENTET TERR. #132	
CITY-STATE-ZIP	ATLANTA GA 30346	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME	Joseph Mitchell		
1.3 STREET ADDRESS	2851 REMINGTON GR. CIR., SUITE D		
1.4 CITY-STATE-ZIP	TALLAHASSEE, FL 32308		
2.1 TITLE	C. GUY FARMER	Change	Addition
2.2 NAME	2851 REMINGTON GR. CIR., SUITE D		
2.3 STREET ADDRESS	TALLAHASSEE, FL 32308		
2.4 CITY-STATE-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96 (904) 257-1773

CR2E034 (3/96)