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Jun 16 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 # P95000068170 (6)

1. Corporation Name
SIERRA LIVE-IN SERVICES, INC.



Principal Place of Business
2040 WESE BAY DRIVE #215
BELLAIR BLUFFS FL 34640

Mailing Address
2040 WESE BAY DRIVE #215
BELLAIR BLUFFS FL 34640

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 334 EAST LAKE RD

27 Suite, Apt. #, etc. # 337

28 City & State Palm Harbor FL

29 Zip 34685 30 Country PANAMA

3. Date Incorporated or Qualified
08/31/1995

3a. Date of Last Report
04/12/1996

4. FEI Number
59-3340196

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

9. Name and Address of Current Registered Agent

SNOW, ELIZABETH M
8302 PARKWOOD BLVD
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name SUSAN JENKINS

82 Street Address (P.O. Box Number is Not Acceptable)
1680 ARABIAN LANE

83 City PALM HARBOR

84 City FL 85 Zip Code 34685

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 P
NAME SUSAN GILDERSLEEVE
STREET ADDRESS 1680 ARABIAN LANE
CITY-ST-ZIP PALM HARBOR FL

TITLE ST
NAME ELIZABETH M SNOW
STREET ADDRESS 8302 PARKWOOD BLVD
CITY-ST-ZIP LARGO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P
1.2 NAME SUSAN (Gildersleeve) JENKINS
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE

June 9 1997 813 7851103

CR2E034 (9/96)