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Feb 06 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 # 144682 (2)

1. Corporation Name
WITHERS & HARSHMAN CARETAKERS INC

Principal Place of Business

526 PARK ST
PO BOX 1299
SEBRING FL 33871-1299

Mailing Address

526 PARK ST
PO BOX 1299
SEBRING FL 33871-1299



3. Date Incorporated or Qualified 10/01/1945
3a. Date of Last Report 02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number 59-0540061
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

HARSHMAN, W E
526 PARK STREET
POST OFFICE BOX 1299
SEBRING FL 33871-1299

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, C R		12 NAME	
STREET ADDRESS	1901 DESOTO PL		13 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL		14 CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, BARBARA		22 NAME	
STREET ADDRESS	1228 STENEWAHEE AVE		23 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL		24 CITY - ST - ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARSHMAN, W E		32 NAME	
STREET ADDRESS	1416 NW LAKEVIEW DR		33 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL		34 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, LOUISE		42 NAME	
STREET ADDRESS	1908 DELEON PL		43 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL		44 CITY - ST - ZIP	
TITLE	AS	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, PATRICIA		52 NAME	
STREET ADDRESS	2729 QUEENSWOOD DR		53 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL		54 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, EMMETT		62 NAME	
STREET ADDRESS	2237 NE LAKEVIEW DR		63 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL		64 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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)