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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1945

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 PD
NAME SCHUMACHER, C R
STREET ADDRESS 1901 DESOTO PL
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE VD
NAME VICKERS, BARBARA
STREET ADDRESS 1228 STENWAHEE AVE
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE STD
NAME HARSHMAN, W E
STREET ADDRESS 1416 NW LAKEVIEW DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D
NAME KOCH, LOUISE
STREET ADDRESS 1908 DELEON PL
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE AS
NAME LEHMAN, PATRICIA
STREET ADDRESS 2729 QUEENSWOOD DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D
NAME ANDREWS, EMMETT
STREET ADDRESS 2237 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address.

SIGNATURE

[Signature]

C. R. Schumacher

1/15/98

241-395-5140

CR2E034 (10/97)