

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 300558 (4)

1. Corporation Name:
DAVID HAMILTON GROVE CARE, INC.

Principal Place of Business
5790 HAMILTON ROAD
VERO BEACH FL 32968

Mailing Address
5790 HAMILTON ROAD
VERO BEACH FL 32968

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1965

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1784345 1142492

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. The corporation has liability for intangible tax under S. 109.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HAMILTON, DAVID A
5790 HAMILTON ROAD
VERO BEACH FL 32968

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 terminating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TD
HAMILTON, LAURA W
5790 HAMILTON ROAD
VERO BEACH, FL 00000

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
HAMILTON, DAVID A
5790 HAMILTON ROAD
VERO BEACH, FL 00000

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD
HAMILTON, ALLEN B
5790 HAMILTON ROAD
VERO BEACH, FL 00000

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD
BURCH, MOLLY H.
44 OAKDALE ST.
WINDERMERE FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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(1)(b), 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: ALLEN B. HAMILTON  5/8/95 407-587-5752

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

0078484 CP