

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 503635 (5)

1. Corporation Name

DYAL'S CONVALESCENT AIDS, INC.

Principal Place of Business

**508 CENTRAL AVENUE
CRESCENT CITY FL 32112-2504**

Mailing Address

**508 CENTRAL AVENUE
CRESCENT CITY FL 32112-2504**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/20/1976** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1676538** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**HARPER, NED D.
6182 SHORELINE DR.
PORT ORANGE FL 32127**

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 (applicable)

(NOTE: Registered Agent signature required when receding)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARPER, NED D
STREET ADDRESS	6182 SHORELINE DR.
CITY - ST - ZIP	PORT ORANGE, FL 0
TITLE	SD
NAME	FLETCHER, WARREN D
STREET ADDRESS	CEDAR COVE, ROUTE 309
CITY - ST - ZIP	GEORGETOWN FL
TITLE	V
NAME	FRAZER, NORMA
STREET ADDRESS	174 MOONLIGHT DRIVE
CITY - ST - ZIP	WELAKA FL
TITLE	V
NAME	BUCHAN, GERARD
STREET ADDRESS	508 CENTRAL AVENUE
CITY - ST - ZIP	CRESCENT CITY FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, on an attachment with an address.

SIGNATURE: **GERARD BUCHAN** 4-27-95 (904) 698-2691
Date: _____