

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/20/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 425 N. CLYDE MORRIS BLVD.

26 1125 N. SUMMIT STREET

4. FEI Number

59-1676538

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 DAYTONA BEACH, FL

28 CRESCENT CITY, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32114

25

29 32112

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, NED D.
6162 SHORELINE DR.
PORT ORANGE FL 32127

81 Name

JOE H. PICKENS

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

222 N. 3RD STREET

83

84 City

PALATKA

FL

85 Zip Code

32177-3710

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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 on this form of the person signing this statement (Typed Name)

(Note: Registered Agent Signature Required on this Statement)

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HARPER, NED D
STREET ADDRESS 6162 SHORELINE DR.
CITY-ST-ZIP PORT ORANGE, FL 0

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME FLETCHER, WARREN D
STREET ADDRESS CEDAR COVE, ROUTE 309
CITY-ST-ZIP GEORGETOWN FL

2.1 TITLE D
2.2 NAME FLETCHER, WARREN D.
2.3 STREET ADDRESS CEDAR COVE, ROUTE 309
2.4 CITY-ST-ZIP GEORGETOWN, FL

TITLE V
NAME FRAZER, NORMA
STREET ADDRESS 174 MOONLIGHT DRIVE
CITY-ST-ZIP WELAKA FL

3.1 TITLE S
3.2 NAME FRAZER, NORMA
3.3 STREET ADDRESS 174 MOONLIGHT DRIVE
3.4 CITY-ST-ZIP SATSUMA, FL 32189

TITLE V
NAME BUCHAN, GERARD
STREET ADDRESS 508 CENTRAL AVENUE
CITY-ST-ZIP CRESCENT CITY FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 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 changed or on an attachment with an address.

SIGNATURE:

Norma J. Frazer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (904) 698-1174

CR2E034 (12/95)