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Feb 10 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 # 648696

(3)

1. Corporation Name

B & H CARE HOMES, INC.

Principal Place of Business

6465-32ND AVENUE, NORTH
ST. PETERSBURG FL 33710
US

Mailing Address

P. O. BOX 14072
ST. PETERSBURG FL 33733-4072
US



3. Date Incorporated or Qualified

01/01/1980

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1963206

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

ANDREWS, LANCE
2628 66TH TERRACE S.
111-2ND AVENUE NE
ST PETERSBURG FL 33712

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SCHNEIDER, MARION L.
STREET ADDRESS 6465 32ND AVE. NORTH
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SCHNEIDER, ROBERT L.
STREET ADDRESS 6465 32ND AVE. NORTH
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE ☒ Change ☐ Addition

TITLE SD ☐ DELETE

NAME GRIZZEL, TERESA
STREET ADDRESS 6770 32ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME SCHNEIDER, HELEN J.
STREET ADDRESS 6465 32ND AVE. NORTH
CITY-ST-ZIP ST PETERSBURG FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Helen J. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Date

813-3271019

Daytime Phone #

CR2E034 (9/96)