

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 734082 (1)**

1. Corporation Name

ABC HOME HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

**580 WEST 8TH STREET
C/O MARCUS E. DREWA'S OFFICE
JACKSONVILLE FL 32209****580 WEST 8TH STREET
C/O MARCUS E. DREWA'S OFFICE
JACKSONVILLE FL 32209-6533**3. Date Incorporated or Qualified
10/16/19753a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

51-0173761

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 StatutesYes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRISON, PHILIP R.
580 W. 8TH STREET
JACKSONVILLE FL 32209**81 Name **Marcus E. Drewa**82 Street Address (P.O. Box Number is Not Acceptable)
580 W. 8th Street

83

84 City **Jacksonville****FL**85 Zip Code
32209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **HATCH, MONROE C**
STREET ADDRESS **3120 HENDRICKS AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VD** ☐ DELETE
NAME **JORDAN, ROBERT E.**
STREET ADDRESS **580 W. 8TH ST**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **STD** ☐ DELETE
NAME **CUDA, KEVIN**
STREET ADDRESS **580 W. 8TH ST.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**TITLE **VD** ☒ DELETE
NAME **HARRISON, PHILIP R**
STREET ADDRESS **580 W. 8TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

904-798-8200

Date

Daytime Phone *0005189

CR2E037 (9/96)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 762256 (6)

1. Corporation Name

RIVER RANCH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% R.R.P.O.A
18550 COUNTY RD.. #630 EAST
LAKE WALES FL 33853

RRPDA
13331 3RD ST
Ft Myers FL 33905



3. Date Incorporated or Qualified
03/02/1982

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

59-2164728

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELANIE ALMAS
13331 3RD ST
Ft Myers FL 33905

81 Name MELANIE Almas

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

13331 3RD ST

83

84 City Ft Myers

FL

85 Zip Code 33905

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Melanie Almas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DAWSON, BUD
STREET ADDRESS 18550 COUNTY RD 630 EAST
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

1.1 TITLE D Bobby Fitzpatrick
1.2 NAME D Bobby Fitzpatrick
1.3 STREET ADDRESS 18550 County Rd 630 EAST
1.4 CITY-ST-ZIP LAKE WALES FL

☐ Change

☒ Addition

TITLE D
NAME FRANK ALMAS
STREET ADDRESS 18550 COUNTY RD 630 EAST
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

2.1 TITLE D Sammie Allgood
2.2 NAME D Sammie Allgood
2.3 STREET ADDRESS 18550 County Rd 630 EAST
2.4 CITY-ST-ZIP LAKE WALES FL

☐ Change

☒ Addition

TITLE D
NAME DAVID ROBINSON
STREET ADDRESS 1930 D. RD.
CITY-ST-ZIP LOXAHATCHEE FL

☐ DELETE

3.1 TITLE P ALAN INGRAM
3.2 NAME P ALAN INGRAM
3.3 STREET ADDRESS 18550 County Rd 630 EAST
3.4 CITY-ST-ZIP LAKE WALES, FL

☐ Change

☐ Addition

TITLE D Ray Robinson
NAME D Ray Robinson
STREET ADDRESS 18550 COUNTY RD 630 EAST
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

4.1 TITLE V Bill Fitzpatrick
4.2 NAME V Bill Fitzpatrick
4.3 STREET ADDRESS 18550 County Rd 630 EAST
4.4 CITY-ST-ZIP LAKE WALES, FL

☐ Change

☐ Addition

TITLE D
NAME TYER, JOHN D
STREET ADDRESS 18550 COUNTY RD 630 EAST
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

5.1 TITLE T
5.2 NAME T MELANIE Almas
5.3 STREET ADDRESS 13331 3RD ST
5.4 CITY-ST-ZIP Ft Myers FL 33905

☐ Change

☒ Addition

TITLE D
NAME TYER, JOHN
STREET ADDRESS 18550 COUNTY RD 630 EAST
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

6.1 TITLE S
6.2 NAME S Debbie Ewert
6.3 STREET ADDRESS 18550 County Rd 630 EAST
6.4 CITY-ST-ZIP LAKE WALES, FL

☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MELANIE ALMAS REQUIRED

4/21/97

941-694-2794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-694-2794

CR2E037 (9/96)