

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90028 037 ***150.00

DOCUMENT # 853478

1. Corporation Name

**BROOKWOOD-WASHINGTON COUNTY CONVALESCENT CENTER,
INC.**

Principal Place of Business

**122 LAKESHORE DRIVE, NE
MARIETTA GA 30067**

Mailing Address

**122 LAKESHORE DRIVE, NE
MARIETTA GA 30067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1982

4. FEI Number

58-1473305

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 545 Wahoo Road

2a. Mailing Address

26 Bay Point Box 27790

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Panama City Beach, FL

City & State

28 Panama City Beach, FL

Zip Country

24 32408 25 USA

Zip Country

29 32411-7790 30 USA

9. Name and Address of Current Registered Agent

**MACK, THEODORE E. E
803 N CALHOUN ST
TALLAHASSEE FL 32303**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GUMMELS, KENNETH P.**

STREET ADDRESS **122 LAKESHORE DRIVE, NE**

CITY-ST-ZIP **MARIETTA GA**

TITLE **STVD** ☐ DELETE

NAME **GUMMELS, MARILYN R.**

STREET ADDRESS **122 LAKESHORE DRIVE, NE**

CITY-ST-ZIP **MARIETTA GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**545 Wahoo Road, Bay Point Box 27790
Panama City Beach, FL 32411-7790**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**545 Wahoo Road, Bay Point Box 27790
Panama City Beach, FL 32411-7790**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn R. Gummels

01/28/99

Date

850-233-8800

Daytime Phone #

CR2E034 (11/98)

001189