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CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F28865 (6)

VISITING HOMEMAKER SERVICE OF FLORIDA, INC.

% RICHARD J PEAKE 9168 SE STAR ISLAND WAY HOBE SOUND FL 33455

Principal Place of Business

% RICHARD J PEAKE 9168 SE STAR ISLAND WAY

Mailing Address

FILED Feb 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE HOBE SOUND FL 33455 3. Date Incorporated or Qualified 04/08/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 22-2405664 Not Applicable Suite. Apt. #. etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Ζip Country Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes ☐ No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PEAKE, RICHARD J 9168 SE STAR ISLAND WAY 82 Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND FL 33455 83 84 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE NAME PEAKE, PATRICIA M 1.2 NAME STREET ADDRESS 9168 SE STAR ISLAND WAY 1.3 STREET ADDRESS HOBE SOUND, FL 00000 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE PEAKE, RICHARD J 22 NAME NAME 9168 SE STAR ISLAND WAY 2.3 STREET ADDRESS STREET ADDRESS HOBE SOUND, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DECETE Change ■ Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 of 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. 561-

SIGNATURE: RICHARD

546-2828