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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 JUN 18 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004010 (5)

1. Corporation Name
LIFELINE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
600 CLIFTY ST P O BOX 938 SOMERSET KY 42502-938 US	600 CLIFTY ST P O BOX 938 SOMERSET KY 42502-938 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 09/01/1993

4. FEI Number: 61-1101034 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name: Rigsby, Terry
82 Street Address (P.O. Box Number is Not Acceptable): Blank, Rigsby & Meenan
83 204 S. Monroe
84 City: Tallahassee FL 85 Zip Code: 32301

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: R Terry Rigsby — DATE: 6-16-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1	P	WILSON, JAMES T	530 HIGHWAY 790	BRONSTON KY	☐
2	D	RANDALL, JAMES	2112 SUNDAY DRIVE	SOMERSET KY	☐
3	S	SNYDER, EVELYN	622 MARGRAVE ST	HARRIMAN TN	☐
4	S	FRAZER, JAMES M	7 STONEEDGE DRIVE	MONTICELLO KY	☐
5	T	FRAMER, STEWARD	106 LAKE CLIFT DR	SOMERSET KY	☐
6	VP	GIRDLER, REBECCA	3350 E HWY 452	EUBANK KY	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1			554 Hwy. 790	(rest of address is same)	☒	☐
2		Malone, Philip (Director)	13121 University Drive	Ft. Myers, FL. 33907	☐	☒
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

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CR2E034 (10/97)

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.

SIGNATURE: [signature] 4/15/98 606-679-4150