FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:44

DOCUMENT # **F94000006677 (8)**

1. Corporation Name
RES-CARE FLORIDA, INC.

Principal Place of Business	Mailing Address
1300 EMBASSY SQUARE LOUISVILLE KY 40299	1300 EMBASSY SQUARE LOUISVILLE KY 40299

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/29/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **APPLIED FOR** 61-1273991 ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	FORNEAR, JAMES R	1.2 NAME		
STREET ADDRESS	1300 EMBASSY SQUARE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	GEARY, RONALD G	2.2 NAME		
STREET ADDRESS	1300 EMBASSY SQUARE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE	D/V/S/T	☒ Change ☐ Addition
NAME	SANDFORD, E. HALSEY	3.2 NAME		
STREET ADDRESS	1300 EMBASSY SQUARE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	WASKEY, DAVID S	4.2 NAME		
STREET ADDRESS	1300 EMBASSY SQUARE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, T. DOUGLASS	5.2 NAME		
STREET ADDRESS	1300 EMBASSY SQUARE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	CROSS, JEFFREY M	6.2 NAME		
STREET ADDRESS	1300 EMBASSY SQUARE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ronald O'Geary President 2/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT 1995

RES-CARE FLORIDA, INC.

Addition to 12. Officers and Directors

TITLE:	V
NAME:	JOHN BRISLIN
STREET ADDRESS:	1300 EMBASSY SQUARE
CITY-ST-ZIP:	LOUISVILLE, KY 40299