FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business
21 10140 Linn Station Road
Suite, Apt. #, etc.
22
City & State
23 Louisville, KY
Zip: 24 40223 Country: 25

2a. Mailing Address
26 10140 Linn Station Road
Suite, Apt. #, etc.
27
City & State
28 Louisville, KY
Zip: 29 40223 Country: 30

4. FEI Number: 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 ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FORNEAR, JAMES R	1.2 NAME	
STREET ADDRESS	1300 EMBASSY SQUARE	1.3 STREET ADDRESS	10140 Linn Station Road
CITY-ST-ZIP	LOUISVILLE KY 40299	1.4 CITY-ST-ZIP	Louisville, KY 40223
TITLE	DP ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	GEARY, RONALD G	2.2 NAME	
STREET ADDRESS	1300 EMBASSY SQUARE	2.3 STREET ADDRESS	10140 Linn Station Road
CITY-ST-ZIP	LOUISVILLE KY 40299	2.4 CITY-ST-ZIP	Louisville, KY 40223
TITLE	DVST ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SANDFORD, E. HALSEY	3.2 NAME	
STREET ADDRESS	1300 EMBASSY SQUARE	3.3 STREET ADDRESS	10140 Linn Station Road
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	Louisville, KY 40223
TITLE	AS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	WASKEY, DAVID S	4.2 NAME	
STREET ADDRESS	1300 EMBASSY SQUARE	4.3 STREET ADDRESS	10140 Linn Station Road
CITY-ST-ZIP	LOUISVILLE KY 40299	4.4 CITY-ST-ZIP	Louisille, KY 40223
TITLE	AT ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	WEBB, T. DOUGLASS	5.2 NAME	
STREET ADDRESS	1300 EMBASSY SQUARE	5.3 STREET ADDRESS	10140 Linn Station Road
CITY-ST-ZIP	LOUISVILLE KY 40299	5.4 CITY-ST-ZIP	Louisville, KY 40223
TITLE	V ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	CROSS, JEFFREY M	6.2 NAME	
STREET ADDRESS	1300 EMBASSY SQUARE	6.3 STREET ADDRESS	10140 Linn Station Road
CITY-ST-ZIP	LOUISVILLE KY 40299	6.4 CITY-ST-ZIP	Louisville, KY 40223

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)(k), 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] 4/8/96 (502) 394-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E. Halsey Sandford, Vice President

CR2E034 (12/95)