

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

**1300 EMBASSY SQUARE  
LOUISVILLE KY 40299**

Mailing Address

**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

2a. Mailing Address

21 **10140 Linn Station Road**

26 **10140 Linn Station Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Louisville, KY**

28 **Louisville, KY**

24 Zip **40223** 25 Country

29 Zip **40223** 30 Country

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
FORNEAR, JAMES R  
1300 EMBASSY SQUARE  
LOUISVILLE KY 40299** ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
**10140 Linn Station Road  
Louisville, KY 40223** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DP  
GEARY, RONALD G  
1300 EMBASSY SQUARE  
LOUISVILLE KY 40299** ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
**10140 Linn Station Road  
Louisville, KY 40223** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DVST  
SANDFORD, E. HALSEY  
1300 EMBASSY SQUARE  
LOUISVILLE KY** ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
**10140 Linn Station Road  
Louisville, KY 40223** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**AS  
WASKEY, DAVID S  
1300 EMBASSY SQUARE  
LOUISVILLE KY 40299** ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
**10140 Linn Station Road  
Louisville, KY 40223** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**AT  
WEBB, T. DOUGLASS  
1300 EMBASSY SQUARE  
LOUISVILLE KY 40299** ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
**10140 Linn Station Road  
Louisville, KY 40223** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
CROSS, JEFFREY M  
1300 EMBASSY SQUARE  
LOUISVILLE KY 40299** ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP  
**10140 Linn Station Road  
Louisville, KY 40223** ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/96**

Date

**(502) 394-2100**

Declarer Phone #

CR2E034 (12/95)