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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006677 (8)

1. Corporation Name

RES-CARE FLORIDA, INC.



Principal Place of Business

10140 LINN STATION ROAD  
LOUISVILLE KY 40223  
US

Mailing Address

10140 LINN STATION ROAD  
LOUISVILLE KY 40223  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1994

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

FORNEAR, JAMES R

STREET ADDRESS

10140 LINN STATION ROAD

CITY-ST-ZIP

LOUISVILLE KY 40223

TITLE

DP

☐ DELETE

NAME

GEARY, RONALD G

STREET ADDRESS

10140 LINN STATION ROAD

CITY-ST-ZIP

LOUISVILLE KY 40223

TITLE

DVST

☐ DELETE

NAME

SANDFORD, E. HALSEY

STREET ADDRESS

10140 LINN STATION ROAD

CITY-ST-ZIP

LOUISVILLE KY 40223

TITLE

AS

☐ DELETE

NAME

WASKEY, DAVID S

STREET ADDRESS

10140 LINN STATION ROAD

CITY-ST-ZIP

LOUISVILLE KY 40223

TITLE

AT

☒ DELETE

NAME

BRICE R DAN

STREET ADDRESS

10140 LINN STATION RD

CITY-ST-ZIP

LOUISVILLE KY 40223

TITLE

V

☐ DELETE

NAME

CROSS, JEFFREY M

STREET ADDRESS

10140 LINN STATION ROAD

CITY-ST-ZIP

LOUISVILLE KY 40223

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Mary D. Wiley Mary D. Wiley

4/7/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (10/97)