## 5-12-98 B 7091 C 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

DOCUMENT # G68581

(9)

LIVE OAK MANOR, INC. Principal Place of Business Mailing Address 6331 BEE RIDGE RD 6331 BEE RIDGE RD SARASOTA FL 34241-5553 SARASOTA FL 34241-5553 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1983 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2338831 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country  $Z_{1D}$ 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'NEIL JAMES P. 6331 BEE RIDGE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 33583 83 84 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1 1 TITLE TITLE WELCH, BETTE O'NEIL NAME 1.2 NAME 6331 BEE RIDGE ROAD STREET ADDRESS 1.3 STREET ADDRESS **\$ARASOTA FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE ۷D O'NEIL, JAMES P. NAME 22 NAME 6331 BEE RIDGE ROAD STREET ADDRESS 2.3 STREET ADDRESS **S**ARASOTA FL 2 4 C(TY-ST-Z)P CITY-ST-ZIP DELETE Change Addition TITLE ŠTD 31 TIFLE O'NEIL, EDWARD A., JR. 3.2 NAME NAME 6331 BEE RIDGE ROAD 3.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1. 6.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Tames DiA

DELETE

4 22-98 941-377-2868

Change

Addition

**FILED** 

May 12 1998 8:00am

Secretary of State

(2E034 (10/97)