**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

APPROVED AND FILED

95 MAR -7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H03918 (0)

1. Corporation Name
COSTNER CARETAKING SERVICE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ROUTE 4 BOX 195<br>ARCADIA FL 33821 | ROUTE 4 BOX 195<br>ARCADIA FL 33821 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1984
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.: 3028 N.E. Arcadia Ave
22
23 City & State: Arcadia,Fl.
24 Zip: 33821
25 Country: DeSoto

2a. Mailing Address
26 Suite, Apt. #, etc.: 3028 N.E. Arcadia Ave.
27
28 City & State: Arcadia,Fl.
29 Zip: 33821
30 Country: DeSoto

4. FEI Number: 59-2399532 ☐ 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

COSTNER, GERALD C.
ROUTE 4 BOX 195
ARCADIA FL 33821

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03 3028 N.E. Arcadia Ave.
04 City: Arcadia FL 05 Zip Code: 33821

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 | PD | 1.1 TITLE | ☐ Change ☐ Addition | |
| NAME | COSTNER, GERALD C. | 1.2 NAME | X | |
| STREET ADDRESS | RT. 4 BOX 195 | 1.3 STREET ADDRESS | 3028 N.E. Arecadia Ave. | |
| CITY-ST-ZIP | ARCADIA FL | 1.4 CITY-ST-ZIP | Arcadia,Fl.33821 | |
| TITLE | DST | 2.1 TITLE | ☐ Change ☐ Addition | |
| NAME | COSTNER, MARY B. | 2.2 NAME | X | |
| STREET ADDRESS | RT. 4 BOX 195 | 2.3 STREET ADDRESS | 3028 N.E. Arcad8ia | |
| CITY-ST-ZIP | ARCADIA FL | 2.4 CITY-ST-ZIP | Arcadia,Fl.33821 | |
| TITLE | DVP | 3.1 TITLE | ☐ Change ☐ Addition | |
| NAME | COSTNER, JOHN DAVID | 3.2 NAME | X | |
| STREET ADDRESS | RT. 4 BOX 195 | 3.3 STREET ADDRESS | 3028 NE..Arcadia Ave. | |
| CITY-ST-ZIP | ARCADIA FL | 3.4 CITY-ST-ZIP | Arcadia,Fl.33821 | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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:** [signature] 3/1/95 813-494-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0318705 CP