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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H42153

(7)

1. Corporation Name

TREALDO CARETAKING, INC.

Principal Place of Business

1815 THORNHILL ROAD
P.O. BOX 1424
AUBURDALE FL 33823

Mailing Address

1815 THORNHILL ROAD
P.O. BOX 1424
AUBURDALE FL 33823-1424

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

BARTON, DOLORES C
1815 THORNHILL RD.
P. O. BOX 1424
AUBURDALE FL 33823

3. Date Incorporated or Qualified

02/06/1985

3a. Date of Last Report

03/15/1996

4. FCI Number

59-2518140

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

10. Name and Address of New Registered Agent

81 Name

MONTE J. TILLIS, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

190 South Broadway

83

Bartow, FL 33830

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 607.0905, Florida Statutes.

SIGNATURE

Signature of the registered agent or the officer or director authorized to accept the appointment as registered agent.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

WEEKS, T.A.

STREET ADDRESS

1815 THORNHILL RD

CITY-ST-ZIP

AUBURDALE FL

TITLE

DV

NAME

BARTON, DOLORES C.

STREET ADDRESS

1815 THORNHILL RD

CITY-ST-ZIP

AUBURDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE DP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DS T

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE DV

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WEEKS, T. A.

1815 Thornhill Rd

Auburndale FL 33823

☒ Change ☐ Addition

Barton, Dolores C.

1815 Thornhill Rd

Auburndale, FL 33823

☐ Change ☒ Addition

C.A. Barton

1815 Thornhill Rd

Auburndale, FL 33823

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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

Dolores C. Barton

3-13-97

941-967-1129

CR2E034 (9/96)