

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90004 033 ***150.00

DOCUMENT # H60673

1. Corporation Name

CARE CONSULTANTS, INC.

Principal Place of Business

7320 W GROVER CLEVELAND BLVD
P.O. BOX 617
HOMOSASSA SPRINGS FL 34447

Mailing Address

P O BOX 1853
~~P.O. BOX 617~~
DUNNELLON FL 34432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1985

4. FEI Number

59-2549742

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 12092 Wekiwa Circle

Suite, Apt. #, etc.
22 P.O. Box 1853

City & State
23 Dunnellon, FL

Zip Country
24 34432 25 MARION

2a. Mailing Address

26 P.O. Box 1853

Suite, Apt. #, etc.

27

City & State

28 Dunnellon FL

Zip Country

29 34430 30 MARION

9. Name and Address of Current Registered Agent

NASON, NORMA L
12092 WEKIWA CIR
P O BOX 1853
DUNNELLON FL 34432

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 Norma L. Nason President Norma L. Nason Pres. March 19, 1999
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	DP	<input type="checkbox"/> DELETE
NAME	NASON, NORMA L	
STREET ADDRESS	12092 WEKIWA CIR	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NASON, LAUREL A	
STREET ADDRESS	6818 CHAUCER LANE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NASON, DARYL J	
STREET ADDRESS	6824 N VELVET EEN PT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NASON, ERIC A	
STREET ADDRESS	1451 CEDAR CRESCENT DR, #434	
CITY-ST-ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32803
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NASON DARYL J.
3.3 STREET ADDRESS	9250 No. Lennox TERRACE
3.4 CITY-ST-ZIP	CITRUS SPRINGS, FL. 34434
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NASON, ERIC A.
4.3 STREET ADDRESS	5490 Jeanette Avenue
4.4 CITY-ST-ZIP	THEODORE, AL. 36582
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Norma L. Nason President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)