SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 JUN -8 AM 10:27

DOCUMENT # **K97804** **(4)**

1. Corporation Name
SENIOR CARE PROPERTIES, INC.

Principal Place of Business	Mailing Address
49 MARKET ST PO DRAWER 70 APALACHICOLA FL 32320 US	49 MARKET ST. PO DRAWER 70 APALACHICOLA FL 32320 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1989
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21 82 6th Street	26 P.O. Drawer 70
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Apalachicola, Fl	City & State 28 Apalachicola, Fl
Zip 24 32320 / Country 25 usa	Zip 29 32329 / Country 30 USA

4. FEI Number: 58-1848507 ☐ 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

OTWELL, TERRY
49 MARKET ST
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

81 Name: Deborah Cooper
82 Street Address (P.O. Box Number is Not Acceptable): 259 Prado St.
83
84 City: Apalachicola FL 85 Zip Code: 32320

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: Deborah Cooper Deborah Cooper DATE: 6-6-95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, HAROLD L.	1.2 NAME	
STREET ADDRESS	49 MARKET ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, DEBRA	2.2 NAME	
STREET ADDRESS	131 N. BAYSHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PARMER, DONALD	3.2 NAME	
STREET ADDRESS	350 MERCEDES AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CLAYTON, RICHARD	4.2 NAME	
STREET ADDRESS	4029 HWY. 90	4.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	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	

CR2E034 (3/95)

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 addition.

SIGNATURE: Harold L. Stewart 6/6/95 904-653-9180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006338 CP