

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K97804** (4)

1. Corporation Name

SENIOR CARE PROPERTIES, INC.

Principal Place of Business

**82 6TH ST
APALACHICOLA FL 32320
US**

Mailing Address

**P.O. DRAWER 70
APALACHICOLA FL 32329
US**



3. Date Incorporated or Qualified
06/26/1989

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**COOPER, DEBORAH
259 PRADO ST
APALACHICOLA FL 32320**

81 Name

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

2 SHOREWOOD CIR

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **STEWART, HAROLD L.**
STREET ADDRESS **49 MARKET ST**
CITY-ST-ZIP **APALACHICOLA FL**

1.1 TITLE

DC ☒ Change ☐ Addition

1.2 NAME

HAROLD L. STEWART

1.3 STREET ADDRESS

131 N. BAYSHORE DR.

1.4 CITY-ST-ZIP

EASTPOINT, FL 32328

TITLE **D** ☐ DELETE
NAME **STEWART, DEBRA**
STREET ADDRESS **131 N. BAYSHORE DR.**
CITY-ST-ZIP **EASTPOINT FL**

2.1 TITLE

DP ☒ Change ☐ Addition

2.2 NAME

JOHN M. RUTOSKEY

2.3 STREET ADDRESS

82 6TH STREET

2.4 CITY-ST-ZIP

APALACHICOLA, FL 32320

TITLE **D** ☐ DELETE
NAME **RUTOSKEY, JOHN M**
STREET ADDRESS **82-6TH ST.**
CITY-ST-ZIP **APALACHICOLA FL**

3.1 TITLE

DVP ☒ Change ☐ Addition

3.2 NAME

DEBRA E. STEWART

3.3 STREET ADDRESS

131 N. BAYSHORE DR

3.4 CITY-ST-ZIP

EASTPOINT, FL 32328

TITLE **D** ☐ DELETE
NAME **STEWART, HAROLD L II**
STREET ADDRESS **340 N. BAYSHORE DRIVE**
CITY-ST-ZIP **EASTPOINT FL**

4.1 TITLE

DS ☐ Change ☒ Addition

4.2 NAME

DEBORAH COOPER

4.3 STREET ADDRESS

2 SHOREWOOD CIR

4.4 CITY-ST-ZIP

APALACHICOLA, FL 32320

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

DT ☒ Change ☐ Addition

5.2 NAME

HAROLD STEWART, II

5.3 STREET ADDRESS

626 N. BAYSHORE DR.

5.4 CITY-ST-ZIP

EASTPOINT, FL 32328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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: *Deborah Cooper, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 904-653-9480
Date Day/Time Phone #

CR2E034 (12/95)