

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2: 30.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L32759 (7)**

1. Corporation Name

**CAREGIVERS DAY AND NIGHT INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1589-A MAIN STREET  
SUITE A  
DUNEDIN FL 34698  
US**

Mailing Address  
**1589-A MAIN STREET  
SUITE A  
DUNEDIN FL 34698  
US**

3. Date Incorporated or Qualified  
**11/28/1989**

3a. Date of Last Report  
**08/09/1994**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**59-2978313**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23**

City & State  
**28**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

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**

**ZEPERNICK, ALAN D.  
1589-A MAIN STREET  
DUNEDIN FL 34698**

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

**ALAN D. ZEPERNICK**

(NOTE: Registered Agent signature required when re-filing)

**Alan D. Zeppernick**

**26 April 1995**

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
ZEPERNICK, DONALD  
1589-A MAIN STREET  
DUNEDIN FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PVT  
ZEPERNICK, ALAN  
1425 MAIN ST.  
DUNEDIN FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
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

☐ Change ☐ Addition

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 110.07(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 this address.

SIGNATURE:

**Alan D. Zeppernick**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALAN D. ZEPERNICK 26 APRIL 1995**

**736-5897**