

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N06443**

1. Corporation Name

OLDER ADULT SERVICES, INC.

Principal Place of Business

ONE TAMPA CITY CENTER #2848
SUITE 1770
TAMPA FL 33602
US

Mailing Address

ONE TAMPA CITY CENTER #2848
SUITE 1770
TAMPA FL 33602
US

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90015 038 ****61.25



2. Principal Place of Business

21 **One Tampa City Center**

Suite, Apt. #, etc.

22
City & State

23

Zip Country

24 25

2a. Mailing Address

26 **One Tampa City Center**

Suite, Apt. #, etc.

27
City & State

28

Zip Country

29 30

3. Date Incorporated or Qualified

12/03/1984

4. FEI Number

59-2482914

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

9. Name and Address of Current Registered Agent

PATRICK, STACY Y
401 E. JACKSON STREET
STE. 3400
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE

NAME **D**
KLINGMAN, PETER
STREET ADDRESS **201 N FRANKLIN ST**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE

NAME **DP**
MOSS, KENT
STREET ADDRESS **P.O. BOX 15407**
CITY-ST-ZIP **TAMPA FL 33684**

TITLE ☐ DELETE

NAME **DT**
PATRICK, STACY
STREET ADDRESS **401 E JACKSON STREET, 56340**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **D**
RICHEY, LARRY
STREET ADDRESS **1 TAMPA CITY CTR #1960**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D**
Dave Zuke
STREET ADDRESS **201 N Franklin Street #1770**
CITY-ST-ZIP **Tampa FL 33602**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, 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:

Stacy Y. Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99
Date

313-222-9555
Daytime Phone #

CR2E037 (5/99)