FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08920 (3)

1. Corporation Name

PARK CARE, INC.

Principal Place of Business	Mailing Address
2111 GLENWOOD DR. SUITE 202 WINTER PARK FL 32792	2111 GLENWOOD DR. SUITE 202 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1985
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2618432 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 1870 Aloma Avenue
Suite, Apt. #, etc.: 22 Suite 200
City & State: 23 Winter Park, Florida
Zip: 24 32789 Country: 25 U.S.

2a. Mailing Address: 26 P.O. Box 2647
Suite, Apt. #, etc.: 27
City & State: 28 Winter Park, Florida
Zip: 29 32790-2647 Country: 30 U.S.

9. Name and Address of Current Registered Agent

ASHMORE, PATRICIA M.
2111 GLENWOOD DR.
SUITE 202
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: Patricia M. Ashmore
82 Street Address (P.O. Box Number is Not Acceptable): 1870 Aloma Avenue
83 Suite 200
84 City: Winter Park **FL** 85 Zip Code: 32789

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: Patricia M. Ashmore Patricia M. Ashmore, President 4/26/95
(If changing registered agent, registered agent must sign) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SWEDISH, JOSPEH R.	12 NAME		
STREET ADDRESS	200 N. LAKEMONT AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LOWNDES, JOHN F.	22 NAME		
STREET ADDRESS	215 N. EOLA DR.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	BUILDER, J. LINDSAY J	32 NAME		
STREET ADDRESS	390 N. ORANGE AVE, SUITE 1300	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BARNES, JAMES T. JR.	42 NAME		
STREET ADDRESS	1031 W. MORSE BLVD. #300	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	44 CITY-ST-ZIP		
TITLE	ST	51 TITLE	STD	☒ Change ☐ Addition
NAME	EVANS, DAVID L.	52 NAME	David L. Evans	
STREET ADDRESS	P.O. BOX 460 N/A	53 STREET ADDRESS	100 Broadway	
CITY-ST-ZIP	OVIEDO FL 32765	54 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	V	61 TITLE	PD	☒ Change ☐ Addition
NAME	ASHMORE, PATRICIA M.	62 NAME	Patricia M. Ashmore	
STREET ADDRESS	2111 GLENWOOD DR., SUITE 202	63 STREET ADDRESS	1870 Aloma Avenue, Suite 200	
CITY-ST-ZIP	WINTER PARK FL 32792	64 CITY-ST-ZIP	Winter Park, FL 32789	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia M. Ashmore Patricia M. Ashmore, Pres. 4/26/95 (407) 644 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

600284