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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:54

DOCUMENT # N32628 (2)

1. Corporation Name
MIDDLEBURG SENIOR SERVICES, INC.

Principal Place of Business	Mailing Address
3913 SECTION STREET MIDDLEBURG FL 32068	3913 SECTION STREET MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1989
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2955955 ☐ 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	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~JETTE ROBERT~~
~~1859 SHANNON LAKE DRIVE~~
~~MIDDLEBURG FL FL 32068~~

S2ABO SO ANNE
992 LIVE OAK LANE
MIDDLEBURG, FLA.

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 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: So Anne Sabo — January 26 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	TARVIN, DOROTHY	1.2 NAME	O'CAIN, BILL
STREET ADDRESS	4300 LAZY ACRE ROAD	1.3 STREET ADDRESS	2165 HILL ROAD
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	MIDDLEBURG, FL.
TITLE	VD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	O'CAIN, BILL	2.2 NAME	GRAY, SHIRLEY P.
STREET ADDRESS	2165 HILL ROAD	2.3 STREET ADDRESS	3627 Southern PINE DRIVE
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	MIDDLEBURG, FL.
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	VUONO, JOANNE	3.2 NAME	~~Vuono~~ S2ABO, SO ANNE
STREET ADDRESS	4192 DEER TRAIL	3.3 STREET ADDRESS	992 LIVE OAK LANE
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	MIDDLEBURG, FL.
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	TYSON, SARA	4.2 NAME	JONES, VERA
STREET ADDRESS	2276 HIDDEN WATERS DRIVE W	4.3 STREET ADDRESS	1244 DAVIDS PLACE
CITY-ST-ZIP	GREEN COVE SPRINGS FL	4.4 CITY-ST-ZIP	Middleburg, FL.
TITLE	TD	5.1 TITLE	TD ☐ Change ☐ Addition
NAME	GRAY, SHIRLEY P	5.2 NAME	ALLEN, SHARON
STREET ADDRESS	3627 SOUTHERN PINE DRIVE	5.3 STREET ADDRESS	6007 County Road 218
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	Maxville, FL 32234
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: So Anne Sabo — January 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0028400