

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P34323

(6)

1. Corporation Name

GRISWOLD SPECIAL CARE, INC.

FILED

95 FEB -7 PM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**707 BETHLEHEM PIKE
PHILADELPHIA PA 19118**

Mailing Address

**707 BETHLEHEM PIKE
PHILADELPHIA PA 19118**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

02/02/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

Erdenheim PA

27 City & State

Erdenheim PA

23 Zip

19038

25 Country

USA

28 Zip

19038

30 Country

USA

4. FEI Number

23-2506652

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**HANEY, ABIGAIL
2909 VENETIAN DRIVE
KEY WEST FL 33040**

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

Signature, typed or printed name of registered agent and State of Agent

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
GRISWOLD, KENT C.
1048 WAGON ROAD
BLUE BELL PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PC
GRISWOLD, KENT C.
1048 WAGON ROAD
BLUE BELL PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SV
GRISWOLD, LINCOLN T.
707 A BETHLEHEM PIKE
ERDENHEIM PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition
**1211 East Butler Pike
Ambler, PA 19002**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☒ Change ☐ Addition
**1211 East Butler Pike
Ambler, PA 19002**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☒ Addition
19038

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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:

Kent C. Griswold

KENT C. GRISWOLD

1/19/95

215-836-5411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) Telephone #