SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -8 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000002751 (5)**

1. Corporation Name
THE CARING ONES, INC.

Principal Place of Business	Mailing Address
19 CEDARFIELD COURT PALM COAST FL 32137	P.O. BOX 353667 PALM COAST FL 32135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/03/1992**
3a. Date of Last Report: **11/23/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3161691** ☐ 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

RICHARDS, JOYCE
19 CEDARFIELD COURT
PALM COAST FL 32135

10. Name and Address of New Registered Agent

81 Name: JOYCE RICHARDS
82 Street Address (P.O. Box Number is Not Acceptable): #7 CENTRAL PLACE
83 PALM COAST FLORIDA 32137
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1 1 TITLE	PSTD ☐ Change ☐ Addition
NAME	RICHARDS, JOYCE	1 2 NAME	RICHARDS JOYCE
STREET ADDRESS	19 CEDARFIELD COURT	1 3 STREET ADDRESS	#7 CENTRAL PLACE
CITY ST ZIP	PALM COAST FL 32137	1 4 CITY ST ZIP	PALM COAST FLORIDA 32137
TITLE	V	2 1 TITLE	✓ ☐ Change ☐ Addition
NAME	RICHARDS, GERALD	2 2 NAME	RICHARDS GERALD
STREET ADDRESS	19 CEDARFIELD COURT	2 3 STREET ADDRESS	#7 CENTRAL PLACE
CITY ST ZIP	PALM COAST FL 32137	2 4 CITY ST ZIP	PALM COAST FLORIDA 32137
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

CR2E034 (3/95)

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

SIGNATURE: Joyce Richards — 8/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0124357 FP