

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90067 035 \*\*\*150.00

**DOCUMENT # P93000016663**

1. Corporation Name

**SILVER SENIOR SERVICES INCORPORATED**

Principal Place of Business

**4777 OVERLOOK DRIVE NORTHEAST  
ST. PETERSBURG FL 33703**

Mailing Address

**4777 OVERLOOK DRIVE NORTHEAST  
ST. PETERSBURG FL 33703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1993**

4. FEI Number

**59-3170263**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**1134 - 38th Avenue North**

2a. Mailing Address

**1134 - 38th Avenue North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, Fl.**

City & State

**St. Petersburg, Fl.**

Zip

**33704 - 1155**

Country

**USA**

Zip

**33704 - 1155**

Country

**USA**

9. Name and Address of Current Registered Agent

**PAGLEN, COLLEEN M  
4777 OVERLOOK DR., N.E.  
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81. Name

**Same Agent - address change only**

82. Street Address (P.O. Box Number is Not Acceptable)

**1134 - 38th Avenue North**

83.

84. City

**St. Petersburg,**

**FL**

85. Zip Code

**33704-1155**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **MC NAUGHTON SR., JOHN A.**

STREET ADDRESS **7707 - 64TH STREET NORTH**

CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **SVD** ☐ DELETE

NAME **SHULMISTER, JANEEL C**

STREET ADDRESS **17515 SHADYSIDE CIRCLE**

CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ DELETE

NAME **PAGLEN, JAMES P**

STREET ADDRESS **42 GULF BLVD., APT. 10**

CITY-ST-ZIP **INDIAN ROCKS BEACH FL 34635**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**Address change only**

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**12301 Sunshine Lane**

**Treasure Island, Fl. 33706-5033**

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-(1/98)