

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 17 1996 8:00am
Secretary of State

DOCUMENT # P93000016736 (9)

1. Corporation Name

LIFELINE HOME SERVICES, INC.



Principal Place of Business

Mailing Address

5118 56TH STREET NORTH
STE. 103
TAMPA FL 33610

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STE. 103
TAMPA FL 33610

3. Date incorporated or Qualified
03/03/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

59-3171178

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

10. Name and Address of New Registered Agent

ROCHFORD, ROBERT A
5118 56TH ST. N.
SUITE 103
TAMPA FL 33610

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ROCHFORD, ROBERT A
STREET ADDRESS 507 HIGHVIEW CIRCLE SOUTH
CITY-ST-ZIP BRANDON FL 33510 ☐ DELETE

1.1 TITLE DP
1.2 NAME ROCHFORD, ROBERT A.
1.3 STREET ADDRESS 1733 WESTERLY DRIVE
1.4 CITY-ST-ZIP BRANDON, FL 33511 ☒ Change ☐ Addition

TITLE DST
NAME ROCHFORD, ANDREA C
STREET ADDRESS 507 HIGHVIEW CIRCLE SOUTH
CITY-ST-ZIP BRANDON FL 33510 ☐ DELETE

2.1 TITLE DST
2.2 NAME ROCHFORD, ANDREA C.
2.3 STREET ADDRESS 1733 WESTERLY DRIVE
2.4 CITY-ST-ZIP BRANDON, FL 33511 ☒ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. ROCHFORD 4/19/96 813-622-7399

CR2E034 (12/95)