

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P93000051669 (8)

1. Corporation Name

CARING HANDS SERVICES, INC.

Principal Place of Business

4736 83RD PL
WABASSO FL 32790
US

Mailing Address

~~808 HIBISCUS TRAIL~~
~~MELBOURNE BEACH FL 32951-2118~~



3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 510044

27 City & State

28

Zip

Country

29

30

4. FEI Number

59-3194982

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

JOHN R KANCILIA
1686 W HIBISCUS BLVD
MELBOURNE FL 32901

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

(NOTE: Registered Agent Signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

D
NAME: BANKO, JOHN
STREET ADDRESS: 606 HIBISCUS TRAIL
CITY-ST-ZIP: MELBOURNE BEACH FL 32951

12 TITLE ☐ DELETE

D
NAME: BANKO, SANDRA
STREET ADDRESS: 606 HIBISCUS TR
CITY-ST-ZIP: MELBOURNE FL

13 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

14 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

15 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

16 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 a 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:

John R. Banko, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 407-728-1890

Date:

Daytime Phone #

CR2E034 (9/96)