

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE 6/30 OR BEFORE 6/30: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 18 AM 8:36

DOCUMENT # P93000057809 (4)

1. Corporation Name

SUNSHINE ADULT DAY CARE, INC.

Principal Place of Business

**549 RANTOUL LANE
LAKE MARY FL 32746**

Mailing Address

**549 RANTOUL LANE
LAKE MARY FL 32746**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1993

3a. Date of Last Report

07/12/1994

4. FEI Number

59-3197198

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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

**RICHBURG, NATHANIEL I
549 RANTOUL LANE
LAKE MARY FL 32746**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

RICHBURG, NATHANIEL I

STREET ADDRESS

549 RANTOUL LANE

CITY - ST - ZIP

LAKE MARY FL 32746

TITLE

VD

NAME

COOPER, BILL M

STREET ADDRESS

1850 LAKESHORE CIR

CITY - ST - ZIP

LONGWOOD FL 32750

TITLE

TD

NAME

COOPER, LILA P

STREET ADDRESS

1850 LAKESHORE CIR

CITY - ST - ZIP

LONGWOOD FL 32750

TITLE

SD

NAME

RICHBURG, CAROLYN B

STREET ADDRESS

549 RANTOUL LANE

CITY - ST - ZIP

LAKE MARY FL 32746

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE

Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

3 1 TITLE

Change Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

4 1 TITLE

Change Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

5 1 TITLE

Change Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE

Change Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 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)(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 amended), or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHANIEL I. RICHBURG

Date

7-14-95 407-312-6831

Officer's Name #