

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000057809 (4)

1. Corporation Name

SUNSHINE ADULT DAY CARE, INC.

Principal Place of Business

Mailing Address

549 RANDOLPH LANE
LAKE MARY FL 32746

549 RANDOLPH LANE
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/18/1993

08/08/1996

4. FEI Number

59-3197198

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 441 E Airport Blvd

26 1850 LAKESHORE CIR.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Sanford, Fla.

LONGWOOD, FLA.

24 Zip

Country

29 Zip

Country

32773

25 Seminole

32750

30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHBURG, NATHANIEL
549 RANDOLPH LANE
LAKE MARY FL 32746

81 Name

BILL M. COOPER PRES.

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

1850 LAKE SHORE CIR.

83

84 City

LONGWOOD

FL

85 Zip Code

32750

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

Bill M. Cooper

9-10-97

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME RICHBURG, NATHANIEL
STREET ADDRESS 549 RANDOLPH LANE
CITY-ST-ZIP LAKE MARY FL 32746

1.1 TITLE

BILL M COOPER PRES ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1850 LAKESHORE CIR.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

LONGWOOD, FLA 32750

TITLE ☐ DELETE

NAME COOPER, BILL M PRES.

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

LILA P. COOPER SECRETARY ☒ Change ☐ Addition

1850 LAKESHORE CIR

LONGWOOD FL 32750

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1850 LAKESHORE CIR. TREASURER

LONGWOOD, FLA 32750

TITLE ☐ DELETE

NAME COOPER, LILA P Sec & Treas.

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

1850 LAKESHORE CIR

LONGWOOD FL 32750

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME RICHBURG, CAROLYN B

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

549 RANDOLPH LANE

LAKE MARY FL 32746

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.5 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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 Bill M. Cooper

9-10-97 407 332-4938

CR2E034 (4/97)