

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035747 (2)

1. Corporation Name

CARETAKERS PLUS, INC.

Principal Place of Business
5899 WHITFIELD AVE., STE. 107
SARASOTA FL 34243

Mailing Address
5899 WHITFIELD AVE., STE. 107
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
05/04/1994

3a. Date of Last Report

4. FEI Number

65-0496760

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

HICKERSON, LIZ
5899 WHITFIELD AVE., STE. 107
SARASOTA FL 34243

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 the officer

NOTE: Registered Agent signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE DVST
NAME HICKERSON, LIZ
STREET ADDRESS 3513 WILDERNESS BLVD., W.
CITY, ST, ZIP PARRISH FL 34219

TITLE DP
NAME HICKERSON, EDWARD T
STREET ADDRESS 3513 WILDERNESS BLVD., W.
CITY, ST, ZIP PARRISH FL 34219

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
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CITY, ST, ZIP

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

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

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY, ST, ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY, ST, ZIP

6 1 TITLE

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 119.07(3)(b), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD T. HICKERSON

4/6/95

913-395-1134