FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:17

DOCUMENT # **P94000068575 (7)**

1. Corporation Name
ABERDEEN MANOR, INC.

Principal Place of Business	Mailing Address
1442 CHESTERFIELD DRIVE DUNEDIN FL 34698	1442 CHESTERFIELD DRIVE DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26): 9976 INDIAN KEY TRAIL SEMINOLE, FLORIDA 34646
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): SEMINOLE FLORIDA
Zip (24) / Country (25)
Zip (29): 34646 / Country (30): USA

4. FEI Number: 59-3274426 ☐ 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

COVER, CONCHITA J
1442 CHESTERFIELD DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: COVER, CONCHITA J.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9976 INDIAN KEY TRAIL
84 City: SEMINOLE **FL** 85 Zip Code: 34646

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: CONCHITA J. COVER - PRESIDENT — Conchita J. Cover — 2-10-95
(If applicable, type or printed name of registered agent and the title of authority) (NOTE: Registered Agent's signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	COVER, KNUTE E	1.2 NAME	
STREET ADDRESS	1442 CHESTERFIELD DR.	1.3 STREET ADDRESS	9976 INDIAN KEY TRAIL
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	SEMINOLE, FLORIDA 34646
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	COVER, CONCHITA J	2.2 NAME	
STREET ADDRESS	1442 CHESTERFIELD DR.	2.3 STREET ADDRESS	9976 INDIAN KEY TRAIL
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	SEMINOLE, FLORIDA 34646
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report is true, and I/we do not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my/our 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 added to the report.

SIGNATURE: Conchita J. Cover — CONCHITA J. COVER — 2-10-95 — 813-783-5143
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — Daytime Telephone number

0360004 CP