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May 16 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 # P94000087824 (6)

1. Corporation Name

PUNTA GORDA ELDERLY CARE CENTER, INC.

Principal Place of Business

2295 SHREVE ST.
PUNTA GORDA FL 33950

Mailing Address

2295 SHREVE ST.
PUNTA GORDA FL 33950-5954



3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0535765

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

HALL, THOMAS P
3443-D TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

Geri L. Waksler

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

Peper, Martin, Jensen, Maichel Atty
aThaw

83

1625 W. Marian Ave. Sk. 2

84 City

Punta Gorda

FL

85 Zip Code

33950

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

4/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D MELTON, LORETTA J
STREET ADDRESS
515 VIA TRIPOLI, UNIT B
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
D MELTON, MICKEY G
STREET ADDRESS
515 VIA TRIPOLI, UNIT B
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☒ DELETE

NAME
D WOTRING, ANNA J
STREET ADDRESS
6356 AUSTRIAN BLVD.
CITY-ST-ZIP
PUNTA GORDA FL 33982

TITLE ☒ DELETE

NAME
D WOTRING, ROGER H
STREET ADDRESS
6356 AUSTRIAN BLVD.
CITY-ST-ZIP
PUNTA GORDA FL 33982

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
D, V. President, Secretary
Mrs Loretta J. Melton
1.3 STREET ADDRESS
515 Via Tripoli, Unit B
1.4 CITY-ST-ZIP
Punta Gorda, FL 33950

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
D, President
Mickey G. Melton
2.3 STREET ADDRESS
515 Via Tripoli, Unit B
2.4 CITY-ST-ZIP
Punta Gorda, FL 33950

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
D, Treasurer
Mrs. Lisa McLanen
3.3 STREET ADDRESS
515 Via Tripoli, Unit A
3.4 CITY-ST-ZIP
Punta Gorda, FL 33950

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 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: Mickey G. Melton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

(941) 575-9390

Corporate Phone #

CR2E034 (9/96)