

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
GAIL B. WATKINS
Secretary of State
TALLAHASSEE, FLORIDA 32399-0400

APPROVED
AND
FILED

95 APR -7 AM 6:00

DOCUMENT # P94000092220 (0)

To: Corporation Name:

THE CARETAKER CONNECTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

Mailing Address:

2399 SE OCEAN BLVD.
STUART FL 34996

2399 SE OCEAN BLVD.
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/19/1994

4. FEI Number 650491487 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Has been Corporation previously ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEARNS, CAROLYN
2399 SE OCEAN BLVD.
STUART FL 34996

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 of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

13. ALTERNATE REGISTERED AGENTS

1. TITLE D
NAME LEWIS, BETTY J
STREET ADDRESS 111 BALBOA AVENUE
CITY, ST, ZIP STUART FL 34994
2. TITLE D
NAME KEARNS, CAROLYN
STREET ADDRESS 111 BALBOA AVENUE
CITY, ST, ZIP STUART FL 34994
3. TITLE D
NAME TAYLOR, BEATRICE K
STREET ADDRESS 3894 SW OSPREY CREEK WAY
CITY, ST, ZIP PALM CITY FL 34990
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(1)(b), Florida Statutes. I further certify that the information included 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 1, or Block 3, of this document, or immediately behind with an address.

SIGNATURE: Beatrice K. Taylor Beatrice K. Taylor 4/4/95 (408) 236-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR