

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000008787 (0)

1. Corporation Name

ACCESS COMMUNITY LIVING, INC.

Principal Place of Business

3402 PINEVIEW DRIVE
HOLIDAY FL 34691

Mailing Address

3402 PINEVIEW DRIVE
HOLIDAY FL 34691



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

9. Name and Address of Current Registered Agent

GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

4. FEI Number

59-3243672

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

10. Name and Address of New Registered Agent

81. Name

Glenn Tross

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

3402 Pineview Dr

83.

84. City

Holiday

FL

85. Zip Code

34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Glenn Tross, President

4/17/96

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

TROSS, GLENN

STREET ADDRESS

3402 PINEVIEW DRIVE

CITY-ST-ZIP

HOLIDAY FL 34691

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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)(a), 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 or person 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 affidavit.

SIGNATURE:

Glenn Tross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (813) 934-1368

DATE

PHONE NUMBER

CR2E034 (12/95)