

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010067 (3)

1. Corporation Name
CARE MATTERS, INC.



Principal Place of Business
6380 9TH AVE. N.
ST. PETERSBURG FL 33710

Mailing Address
P.O. BOX 41541
ST. PETERSBURG FL 33743

3. Date Incorporated or Qualified
02/02/1995

3a. Date of Last Report

2. Principal Place of Business
21 551 58th St. No.

2a. Mailing Address

26

4. FEI Number
59-3299876

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #2

27

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

City & State

City & State

23 St. Petersburg, FL

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33710

25

Pinellas

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARP, ETHEL M
6380 9TH AVE. N.
ST. PETERSBURG FL 33710

81 Name
SAME

82 Street Address (P.O. Box Number is Not Acceptable)
551 58th St. No.

83

#2

84

City
St. Petersburg,

FL

85 Zip Code
33710

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 filer if applicable

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
Ethel M. Sharp
551 58th St. No.
St. Petersburg, FL 33710

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
Billy H. Creamer
12282 92nd Terrace No.
Seminole, FL 34642

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

200001858242
-06/11/96--01100--036
***200.00

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)(k), 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: *Ethel M. Sharp* ETHEL M. SHARP, PRESIDENT April 24, 1996 (813) 347-8921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)