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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015588

1. Corporation Name
CARE FIRST, INC.

Principal Place of Business 99-11TH STREET APALACHICOLA FL 32320	Mailing Address 99-11TH STREET APALACHICOLA FL 32320
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. 162 AVE E Suite, Apt. #, etc.		2a. Mailing Address 26. P O BOX 434 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/24/1995		4. FEI Number ATTN: 59-3542622		Applied For ☒ Not Applicable	
22. City & State 23. Apalachicola, Florida Zip Country 24. 32320 25. Franklin		27. City & State 28. Apalachicola FL Zip Country 29. 32320 30. USA		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 owes the current year Intangible Personal Property Tax. ☒ No	

9. Name and Address of Current Registered Agent STEWART, HAROLD L 99-11TH STREET APALACHICOLA FL 32320				10. Name and Address of New Registered Agent 81. Name Deborah Cooper 82. Street Address (P.O. Box Number is Not Acceptable) 150 Las Brisas Drive 83. 84. City Eastpoint FL 85. Zip Code 32328			
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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 Deborah Cooper, Director Harold Stewart 020999
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	☒ Change ☐ Addition
NAME	STEWART, HAROLD L	1.2 NAME	
STREET ADDRESS	99-11TH STREET	1.3 STREET ADDRESS	1636 Rio Vista
CITY-ST-ZIP	APALACHICOLA FL 32320	1.4 CITY-ST-ZIP	Dallas, Tx, 75208
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	STEWART, DEBRA	2.2 NAME	
STREET ADDRESS	99-11TH STREET	2.3 STREET ADDRESS	1636 Rio Vista
CITY-ST-ZIP	APALACHICOLA FL 32320	2.4 CITY-ST-ZIP	Dallas, Tx, 75208
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	COOPER, DEBORAH	3.2 NAME	
STREET ADDRESS	99-11TH STREET	3.3 STREET ADDRESS	150 Las Brisas Drive
CITY-ST-ZIP	APALACHICOLA FL 32320	3.4 CITY-ST-ZIP	Eastpoint, FL 32328
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	WELDON, THOMAS	4.2 NAME	
STREET ADDRESS	99-11TH STREET	4.3 STREET ADDRESS	7606 Ferguson Rd
CITY-ST-ZIP	APALACHICOLA FL 32320	4.4 CITY-ST-ZIP	Dallas, Tx, 75228
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	02-23-99 90048 007 \$158.75
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	02-29-99

14. I 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, with all other like empowered.

SIGNATURE: Debra E Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-99 214-321-8484
Date Daytime Phone #

CR2034 (1/98)