SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086659 (6)

SHIPE'S HOME CARE CONNECTION, INC.

Principal Place of Business

Mailing Address

97 AUG 12 PH 4: 27

SECRETALY OF STATE TALLAHASSEE FLORIDA



407 S. PARROTT AVENUE OKEECHOBEE FL 34974				407 S. PARROTT AVENUE OKEECHOBEE FL 34974				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	3a. Date	e of Last Re	aport
								11/13/1995	1 .	8/1996	•
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	T. 120		plied For
21 109 W.S PARK STREET				26 109 W.S. PARK STREET				65-0619531			t Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 A	
City & State 23 OKEECHOBEE, FL			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 349		Country	29	34972	1 1 1			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Re	gistered Ag	<u>jent</u>	
SHIPE, STUART						81	Name				
10600 PINE CONE LANE FORT PIERCE FL 34945								ddress (P.O. Box Number is Not Acceptable)			
				[8							
						84	' '		FL	85 Zip C	- 1
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, typidd or pi		avent and title	STUART	ZHIP	١, ٤	PRESIDE	Ulred which reinstating)	3-1-9"	7_	
12. OFFICERS AND DIRECTORS						13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD			DELETE		1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	SHIPE, STU	ART			1.	2 NAME				•	_
STREET ADDRESS		CONE LANE		1.3			ADDRESS				
CITY-ST-ZIP	FORT PIERC	Æ FL 34945			1.	4 CITY-S	ST-ZIP				1
TITLE				DELETE	2	1 TITLE				Change	Addition
NAME					2	2 NAME					
STREET ADDRESS					2	3 STREET	ADDRESS				
CITY-ST-ZIP					2	4 City-	ST-ZIP	التنو والمال والفاق والمال والمال والمال	والمراجع والمعاور والمادوان		
TITLE				☐ DELETE	3.	1 TITLE		7000022 -08/157		TO THE C	Addition
NAME					3.	2 NAME		*****16	21 UU	****16	ກວ ອີດດ
STREET ADDRESS					3.	3 STREET	ADDRESS	44441 O	7. OO 1		.5.00
CITY-ST-ZIP					3.	4. CITY-	ST-ZIP				
TITLE 1				☐ DELETE	4.	1 TITLE			L	Change	Addition
NAME						2 NAME					
STREET ANDRESS							ADDRESS				
CITY-ST-ŽIP				- I oriese		4 CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		-	
TITLE				☐ DELETE		1 TITLE			L	_ Change	☐ Addition
NAME						2 NAME					
STREET ADDRESS							ADDRESS]
CITY-ST-ZIP TITLE				DELETE	_	4 CHTY-S	T-ZIP			70	7-7-4-20
1				L.J DELETE		† THILE			L	_ Change	L Addition
NAME CYDEET ADDRESS						2 NAME					İ
STREET ADDRESS					6.	3 STREET	ADDRESS				

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.

August 1, 1997

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Attn: Annual Reports

Enclosed please find our check in the amount of \$165.00 to cover the fees due on the 1997 Annual Report. Please be advised that our office did not receive the original notice for the annual report fees. We received the 2nd Notice on July ______, 1997, and upon receipt of same, noted the incorrect mailing address on this form.

In that we did not receive these notices, and the postal service did not forward the form in time to make a timely payment, we respectfully request you waive the penalty fees. We have made the necessary corrections on the Annual Report so all future mailings will be correct.

Thank you for your consideration of this.

Sincerely,

Stuart Shipe

Enclosures