

FILE NOW: FILING FEE AFTER MAY 1 IS \$551

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049960 (3)

1. Corporation Name

BETTY'S PROGRESSIVE ELDERLY CARE, INC.

FILED
May 06 1997 8:00am
Secretary of State



Principal Place of Business

806 CHICAGO AVENUE
SO. DAYTONA FL 32119

Mailing Address

806 CHICAGO AVENUE
SO. DAYTONA FL 32119-1814

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WILDMONE, BETTY J
806 CHICAGO AVENUE
SO. DAYTONA FL 32119

3. Date Incorporated or Qualified

06/11/1996

3a. Date of Last Report

N.A.

4. FEI Number

59-3059869

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

WILDMONE, BETTY J

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

1820 ORMAN'S JUNGLE DEN ROAD
Lot 78

83 City

Astoria, FL

FL

85 Zip Code

32102

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 title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME WILDMONE, BETTY J
STREET ADDRESS 806 CHICAGO AVENUE
CITY-ST-ZIP SO. DAYTONA FL 32119

TITLE ☐ DELETE

D
NAME WILDMONE, ROY L
STREET ADDRESS 2929 GASLIGHT DR.
CITY-ST-ZIP SO. DAYTONA FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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.

SIGNATURE *Betty J Wildmone*

11 7 27 19 97 11-5212

CR2E034 (9/96)