

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90132 049 ***150.00

DOCUMENT # P97000021462

1. Corporation Name

BENCHMARK FAMILY CARE, INC.



Principal Place of Business

4003 PLUMOSA TERRACE
BRADENTON FL 34210

Mailing Address

4003 PLUMOSA TERRACE
BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

65-0733083

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 6350 36th AVE. E.

Suite, Apt. #, etc.

22

City & State

23 PALMETTO, FL

Zip Country

24 34221 25 USA

2a. Mailing Address

26 P.O. Box 602

Suite, Apt. #, etc.

27

City & State

28 ELLENTON FL

Zip

29 34222

Country

30 USA

9. Name and Address of Current Registered Agent

MARCINKOWSKI, DIANNE
4003 PLUMOSA TERRACE
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name

82 MICHAEL E. HARRELL

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

5021 79th ST. E.

84

City

BRADENTON

FL

85 Zip Code

34203

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 signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HARRELL, MICHAEL E
STREET ADDRESS 5021 79TH STREET EAST
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ DELETE

NAME TOLAR, ADA R
STREET ADDRESS 4003 PLUMOSA TERRACE
CITY-ST-ZIP BRADENTON FL 34210

TITLE D ☐ DELETE

NAME TOLAR, JACK L
STREET ADDRESS 4003 PLUMOSA TERRACE
CITY-ST-ZIP BRADENTON FL 34210

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

(941) 729-0909

CR2E034 (11/98)