

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000056194 (8)

1. Corporation Name

NEW CONCEPT MANAGEMENT OF HIGHLANDS COUNTY, INC.

Principal Place of Business

129 S COMMERCE AVE  
SEBRING FL 33870

Mailing Address

129 S COMMERCE AVE  
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1997

4. FEI Number

65-0765314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

2. Principal Place of Business

2a. Mailing Address

21 2321 NW Lakeview Dr

Suite, Apt. #, etc.

26 Box 1001

Suite, Apt. #, etc.

22 City & State

23 SEBRING FL

Zip

24 33870

Country

25 HIGHLANDS

27 City & State

28 SEBRING FL 33871

Zip

29 33871

Country

30 HIGHLANDS

9. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F  
129 S COMMERCE AVE  
SEBRING FL 33870

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

12. OFFICERS AND DIRECTORS

TITLE D PRESIDENT ☐ DELETE  
NAME SCARPATI, ALBERT  
STREET ADDRESS 2321 NW LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE VICE PRESIDENT ☐ DELETE  
NAME JO ANN ATCHLEY  
STREET ADDRESS 501 BLOSSOM DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE SECRETARY ☐ DELETE  
NAME JOAN SCARPATI  
STREET ADDRESS 2321 NW LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE TREASURER ☐ DELETE  
NAME ALBERT SCARPATI  
STREET ADDRESS 2321 NW LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

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.

SIGNATURE:

Albert Scarpati

CR2E034 (10/97)