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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700065043 (6)

FILED Mar 09 1998 8:00am Secretary of State

LOVING CARE SITTERS, INC. Principal Place of Business Mailing Address 3550 EBENEZER CHURCH ROAD 3550 EBENEZER CHURCH ROAD JAY FL 32565 JAY FL 32565 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 59 346 3703 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zφ Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHELL, MARY J 3550 EBENEZER CHURCH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **JAY FL 32565** 83 84 City Zip Code 65 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 (NOTE Registered Agent signature required an reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change K Addition TITLE 1.1 TITLE SHELL, MARY J Shell, Leroy NAME 1.2 NAME 3550 EBENEZER CHURCH ROAD 3550 Ebenezer Church Road STREET ADDRESS 1.3 STREET ADDRESS JAY FL 32565 Jay, Fl 32565 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Johnson, Francis Leo NAME 2.2 NAME 4762 Anna Simpson Rosi STREET ADDRESS 2.3 STREET ADDRESS Milton, Florida 32583 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME Johnson, Norma STREET ADDRESS 3.3 STREET ADDRESS 4762 Anna Simpson Road CITY-ST-ZIP 3.4. CITY-ST-ZIP Milton, Florida 32583 DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5 1 TRILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 underess.

SIGNATURE:

850-675-4278