

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072181 (5)

1. Corporation Name

SOUTHERN HOME CARE, INC.

Principal Place of Business

421 N. CENTER ST.
EUSTIS FL 32726

Mailing Address

421 N. CENTER ST.
EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

59-3465525

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KIRKPATRICK,
421 N. CENTER ST.
EUSTIS FL 32726

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

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 filer (if applicable)

BRIAN W. KIRKPATRICK / N.P.

4/29/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KIRKPATRICK, B
STREET ADDRESS 421 N. CENTER ST.
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☐ DELETE
NAME DIXON JEFF
STREET ADDRESS 247 E. PALMETTO AVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ DELETE
NAME FOUTS, DENNIS
STREET ADDRESS 247 E. PALMETTO AVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN W. KIRKPATRICK

4/29/98

DATE

407 331-4447

Daytime Phone # 0069137

CR2E034 (10/97)