

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90240 006 \*\*\*150.00

DOCUMENT # P98000087876

1. Corporation Name  
RESCUE CARE, INC.

Principal Place of Business  
141 WATERMAN AVE  
MT DORA FL 32757

Mailing Address  
141 WATERMAN AVE  
MT DORA FL 32757



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

☒ 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME RESTER, JOHN  
STREET ADDRESS 997 WILDWOOD DRIVE  
CITY-ST-ZIP BILOXI MS 39532

TITLE D ☒ DELETE  
NAME MISTR, EDWIN P  
STREET ADDRESS 1425 WATERFORD GREEN DRIVE  
CITY-ST-ZIP MARIETTA GA 30068

TITLE D ☐ DELETE  
NAME COMPTON, WILLIAM E  
STREET ADDRESS 3718 C.R. 44A  
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☐ DELETE  
NAME GAINES, JOSHUA T  
STREET ADDRESS 16402 E BERRY DRIVE  
CITY-ST-ZIP AURORA CO 80015

TITLE D ☒ DELETE  
NAME ALLEN, ROBERT T  
STREET ADDRESS 19281 E HINSDALE  
CITY-ST-ZIP AURORA CO 80016

TITLE D ☐ DELETE  
NAME PORAZZO, GINO  
STREET ADDRESS 5779 E GLENSTONE DRIVE  
CITY-ST-ZIP HIGHLANDS RANCH CO 80126

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME John Grainger  
1.3 STREET ADDRESS 120 Maplewood Road  
1.4 CITY-ST-ZIP Missauga, Ontario Canada L5G2M6

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Susan Whihaker  
2.3 STREET ADDRESS 8917 Random Rd.  
2.4 CITY-ST-ZIP Fort Worth, TX 76179

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Trace Skeen  
3.3 STREET ADDRESS 2309 NW Birkenden St.  
3.4 CITY-ST-ZIP Portland, OR 97229

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:

*William E. Compton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Compton

Date

4-30-99

(352) 735-1900

Daytime Phone #

CR2E034 (11/98)

0075759