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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S05620

(7)

1. Corporation Name

C. P. CARETAKING, INC.

Principal Place of Business  
3824 SOUTH FLORIDA AVENUE  
LAKELAND FL 33813

Mailing Address  
3824 SOUTH FLORIDA AVENUE  
LAKELAND FL 33813-1105



3. Date Incorporated or Qualified  
10/08/1990

3a. Date of Last Report  
07/09/1996

2. Principal Place of Business

2a. Mailing Address

21 2060 80 Foot Rd.

26 2060 80 Foot Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bartow, FL

28 Bartow, FL

24 33830 25 Polk

29 33830 30 Polk

4. FEI Number

59-3030070

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HALL, W. GARVE  
3824 SOUTH FLORIDA AVENUE  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

83 2060 80 Foot Rd

84 City

BARTON

FL

85 33830

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, 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 obligation under Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

W. Garve Hall

4/9/97

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME  
HALL, W. GARVE  
STREET ADDRESS  
3824 SOUTH FLORIDA AVE.  
CITY-ST-ZIP  
LAKELAND FL

1.2 TITLE

NAME  
SD  
DICKES, BYRAM E.  
STREET ADDRESS  
100 SOUTH WACKER DRIVE  
CITY-ST-ZIP  
CHICAGO IL

1.3 TITLE

NAME  
V  
DYLE, SR. R  
STREET ADDRESS  
3824 SOUTH FLORIDA AVE  
CITY-ST-ZIP  
LAKELAND FL

1.4 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0398575

CR2E034 (9/96)