

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S13543

(1)

1. Corporation Name

WRECCLESHAM GRANGE, INC.

FILED

97 SEP 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1759 ALABAMA DR
WINTER PARK FL 32789

Mailing Address

1759 ALABAMA DR
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3037169

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

SWART, HARRY J., CPA
717 E OAK ST
SUITE 218
KISSIMMEE FL 34744

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D GENIAU, KEITH LYE MILLER ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1759 ALABAMA DR
WINTER PARK FL

TITLE D SYMONDS, GARY JOHN ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1759 ALABAMA DR
WINTER PARK FL

TITLE S MILLER, DELPHINE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1759 ALABAMA DR
WINTER PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

200002298512--9

-09/19/97--01109--012

****165.00 ****165.00

☐ Change ☐ Addition

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14. I do 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.

CR2E034 (4/97)

2



Alabama Oaks

Residential
Retirement Home

1759 Alabama Drive ■ Winter Park, Florida 32789 ■ (407) 644-7960

TO WHOM IT MAY CONCERN.

9.15.97

I AM ENCLOSED A CHEQUE FOR \$165.

I NEVER RECEIVED THE FIRST NOTICE
AND MY ACCOUNTANT WHO IS LISTED AS
A CREDITOR, AS I HAVE FILED CHAPTER 11,
NO LONGER WORKS FOR US.

SINCERELY

GARY SYMONDS