

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S17250** (9)

1. Corporation Name

MADISON HILL CARE CENTER, INC.

Principal Place of Business

Mailing Address

**905 W. MADISON ST.
STARKE FL 32091
US**

**P.O. BOX 915
905 WEST MADISON
STARKE FL 32091
US**



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

3. Date Incorporated or Qualified

12/05/1990

3a. Date of Last Report

06/20/1995

4. FEI Number

59-3043405

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

10. Name and Address of New Registered Agent

**GRIFFIS, J. D.
905 WEST MADISON ST.
STARKE FL 32091**

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 ☐ DELETE

NAME
**PST
GRIFFIS, J.D.
P.O. BOX 98
RAIFORD FL**

TITLE ☐ DELETE

NAME
**D
GRIFFIS, RICHARD
1 GRIFFIS DR
RAIFORD FL**

TITLE ☐ DELETE

NAME
**D
GRIFFIS, GREG
1 GRIFFIS DR
RAIFORD FL**

TITLE ☐ DELETE

NAME
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

NAME
**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

NAME
**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
**P
Griffis, J.D.
P.O. Box 98
Raiford, Fl**

1.3 STREET ADDRESS ☒ Change ☐ Addition

1.4 CITY-ST-ZIP
**V
Griffis, Richard
1 Griffis Dr
Raiford, Fl**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
**VST
Griffis, Greg
1 Griffis Dr
Raiford, Fl**

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP
**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP
**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

Greg Griffis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 14, 1996
202 212 1154

CR2E034 (12/95)