

**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

FILED

97 SEP 29 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69340** (5)
1. Corporation Name
NORMAL LIFE OF FLORIDA, INC.



Principal Place of Business: 9100 MARKSFIELD ROAD, LOUISVILLE KY 40222 US
Mailing Address: 9100 MARKSFIELD ROAD, LOUISVILLE KY 40222 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1605 E Hillsborough Avenue	26		07/24/1991	04/23/1996
22. City & State		27. City & State		4. FEI Number	Applied For
23 Tampa, FL				61-1204314	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 83610-8231		25 U.S.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAVER, J ROBERT	1.2 NAME	
STREET ADDRESS	9100 MARKSFIELD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, KATHRYN S	2.2 NAME	000002308740--6
STREET ADDRESS	9100 MARKSFIELD ROAD	2.3 STREET ADDRESS	-10/01/97--01074--005
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSEE, DIANE H	3.2 NAME	
STREET ADDRESS	9100 MARKSFIELD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, FREDERIC H	4.2 NAME	
STREET ADDRESS	9100 MARKSFIELD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISHAAR, LARRY	5.2 NAME	
STREET ADDRESS	9100 MARKSFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Kathryn S Graham* 9/29/97 (501) 339-9101

CR2E034 (4/97)

NORMAL LIFE

September 16, 1997

Division of Corporations
Annual Reports Sections
P. O. Box 1500
Tallahassee, FL 32303-1500

Re: Normal Life of Florida, Inc.	61-1204314
RFP Properties, Inc.	61-1176490
TF Properties, Inc.	58-2276628

Enclosed you will find a Profit Corporation Annual Report for the above referenced companies. This is the first report that has been received for any of these companies, therefore, we ask that the late fee of \$385.00 be abated for all companies. We are enclosing checks for each company in the individual amount of \$165.00. If you have any questions, please feel free to call me at (502)339-9100.

Sincerely,



Linda B. Goodwin, CPA
Director of Corporate Accounting