

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S73120** (5)
1. Corporation Name
CARE HOUSEKEEPING, INC.



Principal Place of Business CARE HOUSEKEEPING, INC. 5453 W. WATERS AVENUE #101 TAMPA FL 33634-1027 US	Mailing Address 3750 GUNN HIGHWAY, SUITE 2-D 5453 W. WATERS AVENUE #101 TAMPA FL 33634-1207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4836 Flamingo Road Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33611 Country 25 USA		2a. Mailing Address 26 4836 Flamingo Road Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33611 Country 30 USA		3. Date Incorporated or Qualified 08/12/1991	
		4. FEI Number 59-3081308		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			
9. Name and Address of Current Registered Agent WEBBER, ANDREW R. 5453 W WATERS AVE STE 101 TAMPA FL 33634				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 *Andrew Russell* **4/28/98**
Signature typed or printed name of registrant, if applicable (None - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	WEBBER, ANDREW R.	1.2 NAME	
STREET ADDRESS	4836 FLAMINGO RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFLING, JERRY W.	2.2 NAME	
STREET ADDRESS	111 1ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)