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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S81517** **(2)**

1. Corporation Name
MADGE'S MANOR, INC.

Principal Place of Business
1851 HUBBARD STREET
JACKSONVILLE FL 32206

Mailing Address
1851 HUBBARD STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: **09/20/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3082813** 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
BEARDSLEY, DALE A., ESQUIRE
225 WATER STREET
SUITE 1400
JACKSONVILLE FL 32202-5147

10. Name and Address of New Registered Agent
81 Name: ANNIE EZELL
82 Street Address (P.O. Box Number is Not Acceptable): 1321 LAURA STREET
83 JACKSONVILLE, FL 32206
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 Annie Ezell, Secretary & Treasurer 5-28-96
Signature of Registered Agent or Officer of Registered Agent DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BROWARD, MADGE	
STREET ADDRESS	5442 RIVER TR RD 8	
CITY-ST-ZIP	JACKSONVILLE 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		
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	PRESIDENT	X Change ☐ Addition
1.2 NAME	MADGE L BROWARD	
1.3 STREET ADDRESS	P O BOX 40	N/A
1.4 CITY-ST-ZIP	SCOTTSMORO, FL 32775	
2.1 TITLE	VP/D	☐ Change ☐ Addition
2.2 NAME	William S. King	
2.3 STREET ADDRESS	P.O.Box 40	
2.4 CITY-ST-ZIP	Scottsmoro, Fl 32775	N/A
3.1 TITLE	Sec. Trea./ D	☐ Change ☐ Addition
3.2 NAME	Annie Ezell	
3.3 STREET ADDRESS	1321 Laura Street	
3.4 CITY-ST-ZIP	Jacksonville, Fl 32206	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	900001875999	
5.3 STREET ADDRESS	-06/26/96--01047--038	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

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 resident 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 is added in Block 13 with an address.

SIGNATURE: Annie Ezell Sec & Trs. 4-30-96 904-354-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)