


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90029 030 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050946 ✓
1. Corporation Name
ASURECARE CORP.

Principal Place of Business
1501 SEAMIST DRIVE
HOUSTON TX 77008

Mailing Address
1501 SEAMIST DRIVE
HOUSTON TX 77008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1998

4. FEI Number
58-2397026

Applied For
Not Applicable

2. Principal Place of Business
21 2800 220th Trail
Suite, Apt. #, etc.
22
City & State
Amana IA
Zip
52204
Country
USA

2a. Mailing Address
26 2800 220th Trail
Suite, Apt. #, etc.
27
City & State
Amana IA
Zip
52204
Country
USA

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 the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Thomas O. Burkett
1501 Seamist Dr.
Houston, TX 77008

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Louis T. Fox III
1501 Seamist Dr.
Houston, TX 77008

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Louis T. Fox III
1501 Seamist Dr.
Houston, TX 77008

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE: 
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

Amana Appliances

2800 220th Trail
Amana, IA 52204

P98000050946
596793-90029-30

July 13, 1999

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find our Annual Report for Asurecare Corporation. Asurecare is a subsidiary of Amana Appliances. I have enclosed a check for \$150.00. We respectfully request abatement of the penalty of \$400.00.

The original annual report was never received. The address on the annual report is the address of our parent company, Goodman Manufacturing Company. They also did not receive the annual report. There possibly was a mix up in the mail due to the address. I have changed the address on the annual report to reflect Amana Appliances.

If you have any questions or I can help in any way to resolve this issue please feel free to contact me at your earliest convenience.

Sincerely,

Vanessa Waddell

Vanessa Waddell
Accounting Manager
(319) 622-2216

Encl.