

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000031422 (7)
 1. Corporation Name
INTERIM HHA OF ST. AUGUSTINE, INC.



Principal Place of Business: **252 SOUTH PARK CIRCLE E SUITE 206 ST AUGUSTINE FL 32086 US**

Mailing Address: **2526 WARD BOULEVARD WILSON NC 27893 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1993**

4. FEI Number: **59-3182292**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State.

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State.

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**NORTON, EVA
 7144 ELECTRA DRIVE
 JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81. Name: **William W. Miller**

82. Street Address (P.O. Box Number is Not Acceptable): **9150 Starpass Drive**

83.

84. City: **Jacksonville** FL 85. Zip Code: **32256**

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: *William W. Miller* DATE: **4/12/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, JOHN W	
STREET ADDRESS	2526 WARD BLVD	
CITY - ST - ZIP	WILSON NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, LISA B	
STREET ADDRESS	2526 WARD BLVD	
CITY - ST - ZIP	WILSON NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIPER, JUNE B	
STREET ADDRESS	3101 UNIVERSITY BLVD S 104	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	WILLIAM W. MILLER	
43 STREET ADDRESS	9150 STARPASS DR	
44 CITY - ST - ZIP	JACKSONVILLE, FL 32256	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(j), 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: *John Morris* **4-6-98 9192437808**

CR2E034 (10/97)