

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:55

DOCUMENT # **S19728** (2)

1. Corporation Name  
**BAYA HOME CARE, INC.**

Principal Place of Business Mailing Address  
**2862 E BAYA AVE LAKE CITY FL 32055**

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		26		12/17/1990	03/29/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2917507	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORRIS, JOHN E. 201 N MARION ST STE 301 LAKE CITY FL 32055				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: *Carl Allison* *Carl Allison* DATE: 1-19-95  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent (signature required when registering))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, KENNETH E.	12. NAME	
STREET ADDRESS	312 S MAIN ST	13. STREET ADDRESS	
CITY - ST - ZIP	HARTFORD KY	14. CITY - ST - ZIP	
TITLE	PD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, CARL L.	22. NAME	
STREET ADDRESS	2862 E BAYA AVE	23. STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	24. CITY - ST - ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, PAUL D.	32. NAME	
STREET ADDRESS	2862 E BAYA AVE	33. STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	34. CITY - ST - ZIP	
TITLE	TD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIPES, CHARLES S.	42. NAME	
STREET ADDRESS	2862 E BAYA AVE	43. STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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(4)(b), 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 037, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Carl Allison* *Carl Allison* DATE: 1-19-95 904-752-6348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR