

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G28179** (1)

1. Corporation Name

PANHANDLE HOME HEALTH, INC.



Principal Place of Business

Mailing Address

~~308 N. 9TH ST.~~
DEFUNIAK SPRINGS FL 32401

308 N. 9TH ST.
DEFUNIAK SPRINGS FL 32401

2. Principal Place of Business

2a. Mailing Address

21 **179 N. 9TH ST**

26 **179 N. 9TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

PARMER, J.C. JR.
~~308 N. NINTH STREET~~
DEFUNIAK SPRING FL 32433

3. Date Incorporated or Qualified
03/16/1983

3a. Date of Last Report
05/01/1995

4. FCI Number
59-2287081

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

179 N. 9TH ST

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

[Signature]

(Print Name of Registered Agent Signature Agent with Consent)

DATE

1/22/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
PARMER, J.C. JR.
~~RT 8 BOX 043 A~~
DEFUNIAK SPRINGS FL

TITLE ☐ DELETE

NAME **S**
WHITE, DIANNE H
RT 2 BOX 2144
PONCE DE LEON FL

TITLE ☐ DELETE

NAME **T**
VOIGT, GLENN F
~~308 N. 9TH ST.~~
DEFUNIAK SPRINGS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
179 N. 9TH ST

14 CITY - ST - ZIP ☐ Change ☐ Addition

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 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(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (909)
892 4448

CR2E034 (12/95)