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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G30195

(3)

1. Corporation Name

HOLMES HEALTH CARE INC.

Principal Place of Business

**555 W. GRANADA BLVD.
STE B-10
ORMOND BCH FL 32174
US**

Mailing Address

**555 W. GRANADA BLVD.
STE B-10
ORMOND BCH FL 32174
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1983

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2206383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

28

Country

29

Country

30

9. Name and Address of Current Registered Agent

**HAYES, RONALD E.
555 W. GRANADA BLVD. STE B-10
ORMOND BCH FL 32174**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
JONES, FARRELL
6055 SW MAPP RD.
PALM CITY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VT
HAYES, RONALD
555 W. GRANADA BLVD. STE B-10
ORMOND BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
JONES, BRENDA
6055 SW MAPP RD
PALM CITY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

VICE PRESIDENT

J. STEVEN GARTHE

555 WEST GRANADA BLVD., STE B-10

ORMOND BEACH, FL 32174

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

/Ronald E. Hayes

4/12/95

(904)673-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number