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Jan 23 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H57131 (5)

1. Corporation Name

AMELIA HOME HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

1401 S. 14TH STREET, SUITE H
P.O. BOX 1159
FERNANDINA BEACH FL 32034

1401 S. 14TH STREET, SUITE H
P.O. BOX 1159
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified

05/15/1985

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2540812

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POOLE, WESLEY R.
303 CENTRE ST.
SUITE 200
FERNANDINA BEACH FL 32034

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 registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: TITCOMB, ERIC L.
STREET ADDRESS: 1990 S. FLCTCHER AVE APT 2
CITY- ST- ZIP: FERNANDINA BEACH FL

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

TITLE: STD
NAME: TITCOMB, EARL F.
STREET ADDRESS: 4100 DUNESWOOD PL
CITY- ST- ZIP: FERNANDINA BEACH FL

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

TITLE: [DELETED]
NAME: [DELETED]
STREET ADDRESS: [DELETED]
CITY- ST- ZIP: [DELETED]

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

TITLE: [DELETED]
NAME: [DELETED]
STREET ADDRESS: [DELETED]
CITY- ST- ZIP: [DELETED]

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

TITLE: [DELETED]
NAME: [DELETED]
STREET ADDRESS: [DELETED]
CITY- ST- ZIP: [DELETED]

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

TITLE: [DELETED]
NAME: [DELETED]
STREET ADDRESS: [DELETED]
CITY- ST- ZIP: [DELETED]

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 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, on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EARL TITCOMB - TREASURER

1-16-96 (904) 261-2111
Date Daytime Phone #

CR2E034 (12/95)