

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H78259 (9)**
1. Corporation Name
HOME HEALTH MANAGEMENT & DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

~~309 N. NINTH ST.~~
DEFUNIAK SPGS. FL 32433

~~309 N. NINTH ST.~~
DEFUNIAK SPGS. FL 32433

2. Principal Place of Business

21 **179 N. 9th St**

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **179 N. 9th St**

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PARMER, J.C., JR.
~~309 N. NINTH ST.~~
DEFUNIAK SPGS. FL 32433

3. Date Incorporated or Qualified

09/30/1985

3a. Date of Last Report

03/23/1995

4. FEI Number

59-2631361

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required)

Signature of Registered Agent (Required)

1/2/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
PARMER, J.C., JR.
~~8817 THOMAS DR #423~~
~~PANAMA CITY FL~~

☐ DELETE

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

☐ DELETE

T
VOIGT, GLENN F.
~~309 N. 8TH STREET~~
DEFUNIAK SPRINGS FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

179 N. 9th St
DEFUNIAK SPRINGS FL 32433

179 N 9th St

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/96

**(904)
8924948**

CR2E034 (12/95)