FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 11 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K51849** **(3)**

1. Corporation Name

HOME COMPANION, INC.

Principal Place of Business:
C/O MELODY D SHACTER
6034 CHESTER AVE., # 208
JACKSONVILLE FL 32217

Mailing Address:
6034 CHESTER AVENUE
208
JACKSONVILLE FL 32217
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1988	3a. Date of Last Report: 08/22/1994
4. FEI Number: 59-2922258	[ ] 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

AKEL, EDWARD C.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	~~DPT~~
NAME	SHACTER, MELODY D
STREET ADDRESS	951 SARATOGA RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	~~Vice Pres~~
NAME	~~E [illegible]~~
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

TITLE	President	[X] Change [ ] Addition
NAME	Shacter, Melody D	
STREET ADDRESS	1604 Arcadia # 324	
CITY-ST-ZIP	Jax, Fl 32207	
TITLE	Vice President	[ ] Change [X] Addition
NAME	Ryan, Elizabeth J.	
STREET ADDRESS	317 Aries Dr.	
CITY-ST-ZIP	Orange Park, Fl 32073	
TITLE	Sec + Tres.	[ ] Change [X] Addition
NAME	Martini, Terry	
STREET ADDRESS	9439 San Jose Blvd # 90	
CITY-ST-ZIP	Jacksonville, Fl 32257	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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)(i), Florida Statutes. I further certify that the information indicated on the 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] 5/8/95 904-737-1416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0019108 CP