

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90078 020 \*\*\*158.75

DOCUMENT # K69600

1. Corporation Name

AMERICAN HOME OXYGEN AND HOSPITAL EQUIPMENT, INC

Principal Place of Business

420 AGMAC AVENUE  
JACKSONVILLE FL 32254  
US

Mailing Address

420 AGMAC AVENUE  
JACKSONVILLE FL 32254  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1989

4. FEI Number

59-2935242

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

X

Yes ☐ No

2. Principal Place of Business

21 1057 Ellis Road North

Suite, Apt. #, etc.

22 Suite 17

City & State

23 Jacksonville, FL

Zip

24 32254

Country

25 USA

2a. Mailing Address

26 2155 I.H-10 East

Suite, Apt. #, etc.

27

City & State

28 Beaumont, TX

Zip

29 77701

Country

30 USA

9. Name and Address of Current Registered Agent

BIVENS, BURNEY  
1543 KINGSLEY AVENUE  
SUITE 18-B  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name CT Corporation System

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

83 1200 South Pine Island Road

84

City Plantation

FL

85 Zip Code

33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MCNATT, RICHARD H.

STREET ADDRESS 1901 NORTH 1ST ST. SUITE 505

CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE D ☒ DELETE

NAME MCNATT, RONALD D.

STREET ADDRESS 1755 LOQUAT LANE

CITY-ST-ZIP JACKSONVILLE 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☒ Change ☐ Addition

1.2 NAME Christopher, Todd

1.3 STREET ADDRESS 650 Thomas Rd

1.4 CITY-ST-ZIP Beaumont, TX 77706

2.1 TITLE P/COO ☒ Change ☐ Addition

2.2 NAME Crisman, Gene

2.3 STREET ADDRESS 970 N. 21st Street

2.4 CITY-ST-ZIP Beaumont, TX 77706

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 409/833-4261

Date Daytime Phone #

CR2E034 (11/98)