

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K83118** (5)

1. Corporation Name

INHOME MEDICAL, INC.

Principal Place of Business

Mailing Address

% GERARD BUCHAN
508 CENTRAL AVENUE
CRESCENT CITY, FL 32112

% GERARD BUCHAN
508 CENTRAL AVENUE
CRESCENT CITY, FL 32112



2. Principal Place of Business

2a. Mailing Address

21 **1125 N. SUMMIT STREET**

26 **1125 N. SUMMIT STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **CRESCENT CITY, FL**

27 **CRESCENT CITY, FL**

City & State

City & State

23 **32112**

28 **32112**

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2989046

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

**BUCHAN, GERARD
508 CENTRAL AVE
CRESCENT CITY, FL 32012**

81 Name
JOE H. PICKENS

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

222 N. 3RD STREET

83

84 City

PALATKA

FL

85 Zip Code

32177-3710

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 officer, director, or authorized agent

(If Officer or Agent Signature requires witness verification)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP FLETCHER, WARREN D.**
STREET ADDRESS **CEDER COVE, RT. 309**
CITY-ST-ZIP **GEORGETOWN FL**

TITLE ☒ DELETE

NAME **BUCHAN, GERARD**
STREET ADDRESS **508 CENTRAL AVENUE**
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE ☐ DELETE

NAME **S FRAZER, NORMA**
STREET ADDRESS **174 MOONLIGHT DRIVE**
CITY-ST-ZIP **WELAKA 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SATSUMA, FL 32189

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 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:

Norma J. Frazer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96
Date

(904) 698-1174
Daytime Phone

CR2E034 (12/95)