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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90138 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L58889**

(1)

1. Corporation Name

JAN'S HOME CARE, INC.



Principal Place of Business

Mailing Address

**323 WEST NEW YORK
P.O. BOX 2354
DELAND FL 32720
US**

**105 WEST WISCONSIN AVENUE
P.O. BOX 2354
DELAND FL 32721**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1990

4. FEI Number

59-3003281

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 620 East New York

26 PO Box 3126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Deland, Florida

28 Deland, FL

Zip

Country

Zip

Country

24 32724

25 USA

29 32721

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSTLUND, GRANT
323 WEST NEW YORK
DELAND FL 32720**

81 Name

Grant Ostlund

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

620 East New York

83

84 City

Deland

FL

85 Zip Code
32724

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **OSTLUND, GRANT**
STREET ADDRESS **323 WEST NEW YORK**
CITY-ST-ZIP **DELAND FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **TUCKER, GEORGE**
STREET ADDRESS **823 AVENIDA PALOS VERDES**
CITY-ST-ZIP **PALM SPRINGS CA**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Grant Ostlund

1/20/99

904 736 0751

CR2E034 (10/97)