## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700005902 (8)

FILED
May 13 1998 8:00am
Secretary of State

1. Corporatio	OME CARE, INC.	000005902 (6)		
Principal Place of Business Mailing Address		Mailing Address	· · · · · · · · · · · · · · · · · · ·	
801 SIXTH STREET SOUTH ST PETERSBURG FL 33701		801 SIXTH STREET SOUTH ST PETERSBURG FL 33701		3. Date Incorporated or Qualified  10/20/1997  4. FEI Number 59 - 3476049    Applied For   Not Applicable
2. Principal Place of Business 21		2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?  Yes Mo
Zip 24	Country 25	Zip 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
9. Name and Address of Current Registered Agent 10.				10. Name and Address of New Registered Agent
HOUGHTON, BETH A 801 SD(TH STREET SOUTH ST PETERSBURG FL 33701			82 Street Ac 83 ( 84 City	R, Donald Mastry, Esquire  profess (P.O. Box Number is Not Acceptable) Foliand & Knight  One Progress Plaza, Suite 1600  St. Petersburg  FL ST Zip Code 33701
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  SIGNATURE:  SI				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE  ### OPTION TO THE REGISTER OF THE REGISTER O				
12.		S AND DIRECTORS U	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE		PD Strange Addition
HAME	SEXTON, J. DENNIS	m.,	1.2 NAME	
STREET ADORESS	801 SIXTH STREET SOUT ST PETERSBURG FL 3370		1.3 STREET ADDRESS	
CITY-ST-ZIP	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	HUTTO, JACK	the Park I	2.2 NAME	C CALLED
STREET ADDRESS	801 SIXTH STREET SOUT	пн	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 337		2. 4 CITY-ST-ZIP	
TITLE	D	₩ DELETE		VT Change X Addition
NAME	HOUGTON, BETH A		3.2 NAME N	Marianne R. Parsons
STREET ADDRESS	801 SIXTH STREET SOUT		3.3 STREET ADDRESS 8	301 Sixth Street South
CITY-ST-ZIP	ST PETERSBURG FL 3370	01	3.4. CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE		DELETE	4.1 TITLE	Change 🙀 Addition
NAME			4.2 NAME C	lory Cernoz

64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

801 Sixth Street South

801 Sixth Street South

St. Petersburg, FL 33701

Rita Wickman

Petersburg, FL 33701

SIGNATURE: WOW REPORTS 4-28-98 (813) 892-8892

R2E037 (10/97)

Addition

■ Addition

Change

Change