

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

5-1-96 B 5619 C
(3)

DOCUMENT # **P07199**

1. Corporation Name

T.G.C. HOME HEALTH CARE, INC.



Principal Place of Business

**2511 W. VIRGINIA AVE.
TAMPA FL 33607**

Mailing Address

**2511 W. VIRGINIA AVE.
TAMPA FL 33607**

3. Date Incorporated or Qualified
08/23/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number
59-2764924

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

9. Name and Address of Current Registered Agent

**TRIMBLE, T. L.
2400 BEDFORD ROAD
ORLANDO FL 32803**

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	ZARATE, RENE	2511 W. VIRGINIA AVE.	TAMPA FL	<input checked="" type="checkbox"/>
VSD	ZARATE, RENE J.	2303 SUNVIEW AVENUE	VALRICO FL	<input checked="" type="checkbox"/>
VD	ZARATE, JOHN D.	8709 MCADAM PLACE	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
C/D	DONALD JERNIGAN	7050 GAIL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	ROBERT DODD	7050 GAIL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/P/D	DAVID HAUGEN	7050 GAIL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	Bill Wilson	7050 GAIL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. S.	Danee Hurrichs	7050 GAIL BLVD.	Zephyrhills, FL. 33541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)