

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29543 (6)**

1. Corporation Name

**AMERICARE GROUP PURCHASING CORP.**



Principal Place of Business

4911-C CREEKSIDE DR  
CLEARWATER FL 34620

Mailing Address

4911-C CREEKSIDE DR  
CLEARWATER FL 34620

3. Date Incorporated or Qualified **05/29/1990** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3320 SCHERER DR**  
Suite, Apt. #, etc.

26 **P.O. Box 510**  
Suite, Apt. #, etc.

23 **ST PETERSBURG FL**  
City & State

27 **GROUETOWN GA**  
City & State

24 **33714** 25 **PINCILLAS**  
Zip Country

29 **30813** 30 **COLUMBIA**  
Zip Country

4. FEI Number **22-3046484** 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

**PENCE, CHRISTOPHER, L**  
4911-C CREEKSIDE DR  
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

61 Name  
62 Street Address (P.O. Box Number is Not Acceptable)  
63 **3320 SCHERER DR**  
64 City **ST PETERSBURG FL** 85 Zip Code **33716**

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 (based on block 9) of current registered agent

Signature (based on block 10) of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RANDOLPH, J. MICHAEL</b>	
STREET ADDRESS	<b>4911-C CREEKSIDE DR.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PENCE, CHRISTOPHER</b>	
STREET ADDRESS	<b>2908 LONGBROOKE WAY</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDOLPH, TERRY</b>	
STREET ADDRESS	<b>4911-C CREEKSIDE DR.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RANDOLPH, CAROL</b>	
STREET ADDRESS	<b>4911-C CREEKSIDE DR.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>3320 SCHERER DR</b>
24 CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>430 PACE 20 WEST DR</b>
34 CITY-ST-ZIP	<b>GROUETOWN GA 30813</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>SEC</b>
43 STREET ADDRESS	<b>AUBREY RHODES</b>
44 CITY-ST-ZIP	<b>430 PACE 20 WEST DR GROUETOWN GA 30813</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 19.07(3)(a), 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 in an attachment with an address.

SIGNATURE:

*Christopher L Pence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHRISTOPHER L PENCE**

**2/29/96** 1-800-226-2671  
DUE TO FILING

CR2E034 (12/95)