

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000012999 (8)

1. Corporation Name

FAMILY FOCUS HOME CARE INC.

FILED

95 AUG -7 AM 11:18

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**1525 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

Mailing Address

**1525 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

07/06/1994

4. FEI Number

59-3150139

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**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**DEHATE, CAROL W
1525 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

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

Carol W. DeHate

(Signature typed or printed name of registered agent and title in application)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

DEHATE, CAROL W

STREET ADDRESS

1845 ORANGE CICKER RD.

CITY, ST, ZIP

JACKSONVILLE FL 32223

TITLE

D

NAME

DARNELL, KAREN F

STREET ADDRESS

1845 ORANGE CICKER RD.

CITY, ST, ZIP

JACKSONVILLE FL 32223

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Vice President

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

11655 MONTEZ LANE

1.4 CITY, ST, ZIP

JACKSONVILLE FL 32223

2.1 TITLE

President

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

11715 EUGENIE DRIVE

2.4 CITY, ST, ZIP

JACKSONVILLE FL 32223

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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:

Karen Darnell

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

8/2/95

Date

904-396-3342

(Typed Name)

CR2E034 (3/95)