

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000031410 (2)

1. Corporation Name

INTERIM HHA OF JACKSONVILLE, INC.



Principal Place of Business

3101 UNIVERSITY BLVD S
SUITE 104
JACKSONVILLE FL 32216
US

Mailing Address

3101 UNIVERSITY BLVD S
SUITE 104
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified
04/28/1993

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

2. Principal Place of Business

2a. Mailing Address

21 2526 Ward Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Wilson NC

24 Zip

25 Country

28 Zip

29 27893

30 Country

US

4. FEI Number
59-3182289

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

10. Name and Address of New Registered Agent

NORTON, EVA
7144 ELECTRA DRIVE
JACKSONVILLE FL 32210

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 of person authorized to sign this statement

Signature of person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MORRIS, JOHN W
STREET ADDRESS 113 WARD BLVD. NW
CITY- ST- ZIP WILSON NC

TITLE ☐ DELETE

NAME MORRIS, LISA B
STREET ADDRESS 113 WARD BLVD. NW
CITY- ST- ZIP WILSON NC

TITLE ☐ DELETE

NAME PIPER, JUNE
STREET ADDRESS 3101 UNIVERSITY BLVD S 104
CITY- ST- ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Morris

4/29/96

919 243 7808

CR2E034 (12/95)