## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031410 (2)

INTERIM HHA OF JACKSONVILLE, INC.

**FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3101 UNIVERSITY BLVD S 2526 WARD BO SUITE 104 WILSON NC 27/ JACKSONVILLE FL 32216 US			DO NOT WRITE IN THIS SPACE		
US				3. Date Incorporated or Qualified 04/28/1993	
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3182289	Applied For Not Applicable
Suite Apt	# C(t)	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	e	27	- <u></u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ [29]	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.     Name and Address of New Registe	Yes No
714	9. Name and Address of Current Price   Name and Address of Current	rent Hegistered Agent	81 Name ( 82 Street Add	tress (P.O. Box Number is Not Acceptable)	ed Agent
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607 C egistered agent, or both, in the St in familiar with fund accept the ob-	nte of Florida, Such change was lightons of Section 607.0505, Fl	les, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purporation's board of directors. I hereby accept the	EL 85 Zin Code 3aaSto se of changing its registered appointment as registered
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D CONTRACTOR	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS City+St+Zip	MORRIS, JOHN W 2526 WARD BLVD. WILSON NC		1.2 NAME  1.3 STREET ADDRESS  1.4 City - St - 7IP		
TILLE	D	DELETE	2 1 TITLE		Change Addition
NAME	MORRIS, LISA B.		2 2 NAME		
STREET ADDRESS	2526 WARD BLVD		2 3 STREET ADDRESS		
CITY-ST-ZIF	WILSON NC		2 4 CHTY - ST - 7IP		
TITLE	DIDED HINE	☐ DELETE	3 1 TITLE		Change Addition
NAME DEPLET MODELES	PIPER, JUNE 3101 UNIVERSITY BLVD S	104	3.2 NAME		
STREET ADDRESS CHY-ST_ZIP	JACKSONVILLE FL	104	3 3 STHEFT ADDRESS 3 4. City+St-Zip		
DILE		or in the second process of the second	4 1 10 LE	<b>5</b>	Change Addition
NAME		···	4.2 NAME	sillian W. Mills	
STREET ADDRESS			4.3 STREET ADDRESS	Villian W. Mille 1150 Starpair Tricksonville 16	DCinner
CITY-ST-ZIP			44 CITY-ST-ZIP	TACKSONVILL IF	~ 3225 O
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY+ST ZIF	,		5.4 CITY - ST - ZIP		
THLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREEL ADDRESS			6.3 STREET ADDRESS		
CITY CL 700			CACITY OF 71D		

4. Thereby 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 information indicated on this annual report 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 allactment with an address

4-8-98

919 243 7808