

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEAL - 1 APR 35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032177 (6)**

1. Corporation Name

JOY & CARE GIVERS, INC.

Principal Place of Business

**16 CEDARFORD COURT
PALM COAST FL 32137**

Mailing Address

**16 CEDARFORD COURT
PALM COAST FL 32137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

05/03/1993

3a. Date of Last Report

11/04/1994

4. FET Number

59-3179933

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

2. Principal Place of Incorporation

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State, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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State, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLAS, TIMOTHY K
278 FLORIDA PARK DRIVE
PALM COAST FL 32135-2411**

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05.

Zip Code

11. Pursuant to the provisions of Sections 607 (1993) and 607 (1994), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (1993), Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when not being changed)

(Signature of Registered Agent required when not being changed)

(Signature)

12. OFFICERS AND DIRECTORS

01. TITLE

02. NAME

03. STREET ADDRESS

04. CITY, ST, ZIP

**D
GARCIA, JOSEFINA C
16 CEDARFORD COURT
PALM COAST FL 32137**

05. TITLE

06. NAME

07. STREET ADDRESS

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