

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 24 FLORIDA PK DR

26 Suite, Apt. #, etc.

22 Palm Coast

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

DOUGLAS, TIMOTHY K  
27B FLORIDA PARK DRIVE  
PALM COAST FL 32135-2411

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

05/01/1995

4. FEI 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

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

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

1.2 TITLE ☐ DELETE

NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME

1.6 STREET ADDRESS

1.7 CITY - ST - ZIP

1.8 TITLE ☐ DELETE

NAME

1.9 STREET ADDRESS

1.10 CITY - ST - ZIP

1.11 TITLE ☐ DELETE

NAME

1.12 STREET ADDRESS

1.13 CITY - ST - ZIP

1.14 TITLE ☐ DELETE

NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE ☐ DELETE

NAME

1.18 STREET ADDRESS

1.19 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE ☐ Change ☐ Addition

1.30 NAME

1.31 STREET ADDRESS

1.32 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 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

Date

Daytime Phone #

CR2E034 (12/95)