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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019592 (2)

GARY'S HOME CARE, INC.

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Principal Piace of Business 8208 WYNDOTTE RD PENSACOLA FL 32526			Mailing Address 6208 WYNDOTTE RD PENSACOLA FL 32526-9462					•	, 115, 1521		
							3. Date incorporated or Qualified 03/08/1994	1	ate of Last R / 25/1996		
2. Principal Place of Business			28. Mailing Address				4. FEI Number			oplied For	
21			[26]				59-3231719			ot Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 / Fee Re			
City & State			City & State			6. Election Campaign Financing		\$5.00			
23			28			Trust Fund Contribution		Added 1			
Zip Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25		29 30			Florida Statutes Yes No					
	9. Name and Addre	ess of Current Regi	stered Agent	8	<u> </u>	None	10. Name and Address of New	Registered	Agent		
HERRINGTON, WANDA						Name					
6208 WYNDOTTE RD PENSACOLA FL 32526			82		2	Stroet Ad	dress (P.O. Box Number is Not Acceptable)				
, <u>-</u> .,				8	3						
				8	4	City	AMARAMAN AND AND AND AND AND AND AND AND AND A	FL	85 Zip (Code	
l office or re	to the provisions of Sec egistered agent, or boll m familiar with, and acc	h. in the State of Flor	ida. Such change was	authorized I	bv.	the corpo	orporation submits this statement for the ration's board of directors. I hereby acc	purpose e	of changing it pointment as	s registered registered	
	Signature, typed or printed nan-			=	ger	Ls gnature re	quired when relistating)	DATE			
TITLE	C	OFFICERS AND DIRE	CTORS DELETE	13. 11 117LE			ADDITIONS/CHANGES TO OF	ICEHS AN	D DIRECTOR Change	RS IN 12 Addition	
NAME	HERRINGTON, GA	RV I SR		12 NAM			MIKE PRESCOTT		□ Onlange	Piddifion	
STREET ADDRESS	6208 WYNDOTTE					ADDRESS (6208 WYNDOTTE RD.				
CITY-ST-ZIP	PENSACOLA FL			14 CITY			PENSACULA FL 32526				
TITLE	VP		DELETE	211010		1	incolling the second of the se		☐ Change	Addition	
NAME	HERRINGTON, WA			2.2 NAM	E					•	
STREET ADDRESS	6208 WYNDOTTE	RD		2 3 STRE	E1#	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL			2. 4 CITY		T-7IP	and the second s			·]	
TITLE			☐ DELETE	3.1 TITLE					Change	Addition	
NAME STREET ADDRESS				3 2 NAM		ADDRESS					
CITY-ST-ZIP				3 3 5 IRE							
TITLE			DELETE	4.1 10118		···			Change	Addition	
NAME				4. 2 NAN					-		
STREET ADDRESS				4.3 STRE	£1.4	ADORESS					
CITY-ST-ZIP				4.4 CITY	<u></u>	1-201					
TITLE			☐ DELFTE	5.1 TO LÈ		Ī			☐ Change	Addition	
NAME				5.2 NAM	E						
STREET ADDRESS				5.3 STRE	£1 #	ADDRESS					
CITY-ST-ZIP			Delete	5.4 CITY		I - ZIP					
TITLE			☐ DELFTE	6.1 1111					☐ Change	Addition	
NAME	5g j			6.2 NAM		I DEDUCE					
STREET ADDRESS	•					ADDRESS					
CITY-ST-ZIP	÷			6.4 CITY	- \$1	I-ZiP					

14. I do hereby 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 annual report is true and accurate and that my signature shall have the same logal 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

1/2/162