

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000019592 (2)

1. Corporation Name

GARY'S HOME CARE, INC.



Principal Place of Business

6208 WYNDOTTE RD
PENSACOLA FL 32526

Mailing Address

6208 WYNDOTTE RD
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

59-3231719

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6039 SPANISH OAK DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 6039 SPANISH OAK DR.

Suite, Apt. #, etc.

City & State

23 PENSACOLA FL

Zip

24 32526

Country

25 ESC.

City & State

28 PENSACOLA FL.

Zip

29 32526

Country

30 ESC.

9. Name and Address of Current Registered Agent

HERRINGTON, WANDA
6208 WYNDOTTE RD
PENSACOLA FL 32526

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HERRINGTON, GARY L SR
STREET ADDRESS 6208 WYNDOTTE RD
CITY-ST-ZIP PENSACOLA FL

TITLE VP ☐ DELETE

NAME HERRINGTON, WANDA
STREET ADDRESS 6208 WYNDOTTE RD
CITY-ST-ZIP PENSACOLA FL

TITLE S ☒ DELETE

NAME PRESCOTT, MIKE
STREET ADDRESS 6208 WYNDOTTE RD
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. ☒ Change ☐ Addition

1.2 NAME GARY HERRINGTON SR.
1.3 STREET ADDRESS 6039 SPANISH OAK DR.
1.4 CITY-ST-ZIP PENSACOLA FL 32526

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME WANDA HERRINGTON
2.3 STREET ADDRESS 6039 SPANISH OAK DR.
2.4 CITY-ST-ZIP PENSACOLA FL 32526

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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

Wanda Herrington

9/29/98

090-867-2100

CR2E034 (5/98)