

1995

55 MAY 10 1410:35

DJCM HOME HEALTH CARE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0121209 CP

1995

[illegible]

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

HIBERNATION STATION INC.

THE UNIVERSITY OF CHICAGO

7615 FOXHOLLOW DRIVE
PORT RICHEY FL 34668

7615 FOXHOLLOW DRIVE
PORT RICHEY FL 34688

21	15215 U.S. 19 N	26	15215 U.S. 19 N
22	SUITE N	27	SUITE N
23	HUDSON FL	28	HUDSON FL
24	34667	29	34667
25	PASCO	30	PASCO

3. Date of Birth (MM/DD/YYYY)		3b. Date of Card Expiration	
10/10/1994		N/A	
4. Full Name		Applied Fee	
59-3273437		Not Applicable	
5. Contribution of \$4000 Required		\$8.75 Additional Fee Required	
6. Has the Campaign Received Total Fund Contribution		\$5.00 May Be Added to Fees	
7. This campaign has no liability for outstanding fees under \$5.00000		☐ Yes ☒ No	

MERTEN, JOHN
7615 FOXHOLLOW DRIVE
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. I, James H. Hester, President of Florida Shingle, the above named corporation, certify this statement for the purposes of changing its registered office to Florida Shingle, Inc., 401 Highway 1, The Corporation's Registered Office, Clermont, Florida the approximate as registered, April 1, 1991.

2000 年 12 月 15 日

John Martin

5-6-95

12.	13.
MERTEN, JOHN 7615 FOXHOLLOW DRIVE PORT RICHEY FL 34668	
COWAN, EDWARD III 6204 FLORIDA AVE. NEW PORT RICHEY FL 34652	
MERTEN, LISA A 7615 FOXHOLLOW DRIVE PORT RICHEY FL 34668	

SIGNATURE:

John Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-95