

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90083 029 ***150.00

DOCUMENT # P97000035182

1. Corporation Name

PANAMA HOME CARE, INC.

Principal Place of Business

7302 N MAIN
JACKSONVILLE FL 32208
US

Mailing Address

PO DRAWER 2349
LAKE CITY FL 32056-2349

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

2. Principal Place of Business

21 2669 US 90 West

Suite, Apt. #, etc.

2a. Mailing Address

26 Rt 8 Box 822

Suite, Apt. #, etc.

City & State

23 Lake City, FL

Zip Country

24 32055 25

City & State

28 Lake City, FL 32055

Zip Country

29 32055 30

4. FEI Number

59-3443093

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

NORRIS, JOHN E
201 N MARION STREET STE 301
LAKE CITY FL 32055

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 DP ☒ DELETE
NAME NAPIER, BILL
STREET ADDRESS 7302 N MAIN
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DT ☒ DELETE
NAME NAPIER, MARY A
STREET ADDRESS 7302 N MAIN
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DVP ☐ DELETE
NAME ALLISON, CARL L
STREET ADDRESS 2669 US 90 W
CITY-ST-ZIP LAKE CITY FL 32055

TITLE DS ☐ DELETE
NAME ALLISON, JOAN
STREET ADDRESS 2669 US 90 W
CITY-ST-ZIP LAKE CITY FL 32055

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME President, director
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Sec - Treas, director
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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