

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

FILED
Jun 11 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 # P97000102309 (6)

1. Corporation Name

HOMIE CARE MAINTENANCE CORPORATION

Name changed 4/22/98

Principal Place of Business

6157 HEARTLAND CIRCLE
TALLAHASSEE FL 32312

Mailing Address

6157 HEARTLAND CIRCLE
TALLAHASSEE FL 32312



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1997

4. FEI Number

59-3481289

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

21 515 John Knox Rd.
Suite, Apt. #, etc.

22 Ste E

City & State

23 Tallahassee, FL

Zip

24 32303

Country

25 Leon

2a. Mailing Address

26 515 John Knox Rd.
Suite, Apt. #, etc.

27 Suite E

City & State

28 Tallahassee, FL ~~32303~~

Zip

29 32303

Country

30 Leon

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

515 John Knox Rd.

83

Ste E

84

Tallahassee

FL

85 Zip Code

32303

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]

(Not a Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WILCOX, JAMES
6157 HEARTLAND CIRCLE
TALLAHASSEE FL 32312

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

P
515 John Knox Rd. Ste E
Tallahassee, FL 32303

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CP2E034 (10/97)