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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$19728

(2)

BAYA HOME CARE, INC.

(2

FILED Jan 20 1998 8:00am Secretary of State



						-		8 B3
Principal Place of Business Mailing Address								• • • • • • • • • • • • • • • • • • • •
2669 US HW		2669 US HWY 90 W						
LAKE CITY F	L 32055	LAKE CITY FL 32055						
US		ยร				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						12/17/1990	····	
•	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				59-2917507		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					Fee F	Required
City & State		City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	гy		8. This corporation owes or has paid the curi		
24	25		0					∏ No .
	 Name and Address of Currer 	nt Registered Agent				10. Name and Address of New Registered /	Agent	
NO	rris, John E.		81 Na		me			
20	I N MARION ST		82 Stree		eet Addres	ss (P.O. Box Number is Not Acceptable)		
STI	E 301		62			ss (F.O. Box Number is Not Acceptable)		
	KE CITY FL 32055		8	3				
			L					
			8		•	FL		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								
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 AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	R\$ IN 12
TITLE	TD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	Wiggins, Kenneth E.		1.2 NAMI	į				İ
STREET ADORESS	312 S MAIN ST		1.3 STRE	FT ADDRE	22			
CITY-ST-ZIP	HARTFORD KY		1.4 CITY					
TITLE	PD	DELETE	2.1 TITLE				Change	Addition
NAME	ALLISON, CARL L.		2.2 NAME					
	2669 US HWY 90 W							
STREET ADDRESS	LAKE CITY FL		2.3 STRE		.55			
CITY-ST-ZIP	VD VD	I on mr	2. 4 CITY			 	По	(1 4 + 100 -
TITLE	· -	☐ DELETE 3.11					Change	Addition
NAME	BIRD, PAUL D.		3.2 NAM		-			
STREET AODRESS	2669 US HWY 90 W		3.3 STRE	T ADDRE	SS			
CITY-ST-ZIP	LAKE CITY FL		3.4. CITY	-ST-ZIP				
TITLE	TD	DELETE	4.1 TITLE				Change	Addition
NAME	SNIPES, CHARLES S.		4, 2 NAM	Ę				
STREET ADDRESS	2699 US HWY 90 W		4.3 STRE	T ADDRE	ss			
CITY-ST-ZIP	LAKE CITY FL		4.4 CITY	ST-ZIP				1
TITLE	A CALL OF THE CALL	☐ DELETE	5.1 TITLE			THE REAL PROPERTY OF THE PERSON OF THE PERSO	Change	Addition
NAME			5.2 NAME					į
STREET ADDRESS			5.3 STREE		ss			•
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
1			6.2 NAME					
NAME	,							
STREET ADDRESS			6.3 STREET ADDRESS		SS			
City-St-7IP			6.4 CITY-	ST-71P	ı			

14. Thereby 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 13 if changed, or on an adminishment with a didress.

SIGNATURE:

1-6-98 (9

(90x) 752-6348

(2E034 (10/97)