

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000045128

**Entity Name:** HOME TOWN CARE, INC.

**Current Principal Place of Business:**

107 HATLEY STREET W  
JASPER, FL 32052

**Current Mailing Address:**

3558 NW 97TH BLVD.  
GAINESVILLE, FL 32606 US

**FEI Number:** 20-8823965

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUSSELL, SID  
3558 NW 97TH BLVD.  
GAINESVILLE, FL 32606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** SID RUSSELL

03/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MIDDLETON, JAMES SCOTT  
Address        3558 NW 97TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

Title            VP  
Name            RUSSELL, SID D.  
Address        3558 NW 97TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

Title            SECRETARY  
Name            DEARMAS, ROGER  
Address        3558 NW 97TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SID D RUSSELL

VICE PRESIDENT

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date