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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 28 1997 8:00am

Secretary of State

352-338-0252

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H81410

(3)

SOUTHWEST RETIREMENT HOME, INC.

Principal Place of Business Mailing Address 3207 S.W. 42ND PLACE 3207 S.W. 42ND PLACE GAINESVILLE FL 32608 GAINESVILLE FL 32608-2824 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1985 03/12/1996 2. Principa: Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2586605 Not Applicable Suite Apr # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intengible tax under s. 199.032, ☐ No 24 30 🗷 Yes 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAVELOCK, BLANCHE LOIS 3207 S.W. 42ND PLACE 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32607 83 84 City 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. Lam lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE THE 1.1 TITLE Change Addition HAVELOCK, BLANCHE LOIS NAME 1.2 NAME 212 S. PIERSON ST. STREET ADDRESS 1.3 STREET ADDRESS ARCHER FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE THILE 2.1 FITLE Change Addition HAVELOCK, JAMES NAME 2.2 NAME 212 S PEARSON ST STREET ADDRESS 2.3 STREET ADDRESS ARCHER FL CITY-ST-20F 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HAVELOCK, AMANDA NAME 3.2 NAME 212 S PEARSON ST STREET ADORESS 3.3 STREET ADDRESS ARCHER FL CITY-ST ZIP 3 4. CITY-ST-ZIP DELETE THE 4.1 TITLE Change Addition HAVELOCK, EVANGELINE 4. 2 NAME 212 S PEARSON ST STREET ADDRESS 4.3 STREET ADDRESS ARCHER FL CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - 7IP 5.4 CITY - ST - ZIP DELETE TITLE 61 TOLE Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

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

14. I do 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