FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J19774 (5)

1. Corporation Name
INGLESIDE RETIREMENT HOME INC.

Principal Place of Business	Mailing Address
% ALCIRA E. GRAHAM 1433 INGLESIDE AVENUE JACKSONVILLE FL 32205	% ALCIRA E. GRAHAM 1433 INGLESIDE AVENUE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1986
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-2691730 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, PHYLLIS W.
1604 MALLORY STREET
JACKSONVILLE FL 32205

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: *Alcira E Graham* DATE: *2-15-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	*9243 Noroad* ☒ Change ☐ Addition
NAME	GRAHAM, CARL M.	1 2 NAME	*Jacksonville Fl. 32210*
STREET ADDRESS	1070 TALBOT AVENUE	1 3 STREET ADDRESS	*Carl M Graham*
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY-ST-ZIP	
TITLE	P	2 1 TITLE	*Alcira E Graham* ☒ Change ☐ Addition
NAME	GRAHAM, ALCIRA	2 2 NAME	*9243 Noroad*
STREET ADDRESS	1070 TALBOT AVENUE	2 3 STREET ADDRESS	*Jax. Fl. 32210*
CITY-ST-ZIP	JACKSONVILLE FL	2 4 CITY-ST-ZIP	
TITLE	T	3 1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, PHYLLIS W.	3 2 NAME	
STREET ADDRESS	1604 MALLORY ST.	3 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: *Alcira E Graham* *2/15/1995* *389-6677*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014791 CP