

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

FILED  
Jan 20 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 # J44613

(4)

1. Corporation Name

SUNSHINE RETIREMENT HOME, INC.

Principal Place of Business

6117 N. HUDSON STREET  
ORLANDO FL 32808-6062  
US

Mailing Address

6117 N. HUDSON STREET  
ORLANDO FL 32808-6062  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1986

4. FEI Number

59-2481739

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 6117 N. Hudson Street

Suite, Apt. #, etc.

22 Not Applicable-N/A

City & State

23 Orlando, FL

Zip

24 32808-6062

Country

25 U.S.A.

2a. Mailing Address

26 6117 N. Hudson Street

Suite, Apt. #, etc.

27 N/A

City & State

28 Orlando, FL

Zip

29 32808-6062

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ALLEN BEVERLEY E  
6117 HUDSON ST  
ORLANDO FL 32808

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 607.1505, Florida Statutes.

SIGNATURE Beverley Elaine Allen

01-05-98

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME ALLEN BEVERLEY  
STREET ADDRESS 6117 HUDSON ST  
CITY-ST-ZIP ORLANDO FL

TITLE PDT ☐ DELETE

NAME ALLEN, CLINTON  
STREET ADDRESS 6117 NORTH HUDSON STREET  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice-President, Director ☒ Change ☐ Addition

1.2 NAME Secretary, Treasurer

1.3 STREET ADDRESS Beverley Elaine Allen

1.4 CITY-ST-ZIP 6117 N. Hudson Street, Orlando, FL 32808-6062

2.1 TITLE President, Director, Asst. Treasurer ☒ Change ☐ Addition

2.2 NAME Clinton Agustas Allen

2.3 STREET ADDRESS 6117 N. Hudson Street

2.4 CITY-ST-ZIP Orlando, FL 32808-6062

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: Beverley Elaine Allen

01-05-98 (10/97) 201-6267

CR2E034 (10/97)