

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90112 016 \*\*\*150.00

DOCUMENT # J61498

1. Corporation Name  
VISION RETIREMENT HOME, INC.

Principal Place of Business

1611 ELIZABETH ST  
1611 ELIZABETH STREET  
MELBOURNE FL 32901  
US

Mailing Address

1611 ELIZABETH ST  
3184 NANCY ST  
MELBOURNE FL 32901  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

BRASELTON, E J  
3184 NANCY ST  
WEST MELBOURNE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1987

4. FEI Number

59-2877363

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 the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

10. Name and Address of New Registered Agent

81 Name

Walter I. Braselton

82 Street Address (P.O. Box Number is Not Acceptable)

3184 Nancy St

83

84 City

W Melbourne,

FL

85 Zip Code

32904

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

Walter I. Braselton

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE

NAME BRASELTON, E J  
STREET ADDRESS 986 BEACON RD  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VS ☐ DELETE

NAME CHANUDET, R A  
STREET ADDRESS 440 HEATHROW CT  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ DELETE

NAME BRASELTON, JK T  
STREET ADDRESS 10319 SKILES AVE  
CITY-ST-ZIP KANSAS CITY MO 64134

TITLE D ☐ DELETE

NAME BRASELTON, P G  
STREET ADDRESS 1625 PLANTATION DR  
CITY-ST-ZIP RINCON GA 31326

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 President ☒ Change ☐ Addition

1.2 NAME Walter I. Braselton

1.3 STREET ADDRESS 3184 Nancy St

1.4 CITY-ST-ZIP W Melbourne, FL 32904

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Walter I. Braselton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

DATE

(407) 9847533

Daytime Phone #

CR2E034 (11/98)