

FILE NOW: FILING FEE AFTER MAY 1 IS \$200

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morris,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65624 (5)

1. Corporation Name

FARMER'S RETIREMENT HOME, INC.

Principal Place of Business

% LINDA S. DANA
2135 40TH AVE. NORTH
ST PETERSBURG FL 33714-4124

Mailing Address

% LINDA S. DANA
2135 40TH AVE. NORTH
ST PETERSBURG FL 33714-4124



3. Date Incorporated or Qualified

03/31/1987

3a. Date of Last Report

05/10/1995

4. FFI Number

59-2833660

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DANA, LINDA S
2135 40TH AVE. NORTH
ST PETERSBURG FL 33714

11. Name

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

13.

14. 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

Signature, typed or printed name of registered agent, and date of signature.

(Note: Registered Agent's signature required when changing filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSTD
DANA, LINDA S
2135 40TH AVE. NORTH
ST PETERSBURG FL 33714

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-ST-ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

9. NAME

9. STREET ADDRESS

9. CITY-ST-ZIP

10. TITLE

10. NAME

10. STREET ADDRESS

10. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE *Linda S. Dana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda S. Dana 4-27-96 522 6590

CR2E034 (12/95)