

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J80216 (1)
1. Corporation Name
HAVEN RETIREMENT CENTERS, INC.



Principal Place of Business
5140 20TH AVENUE NORTH
ST PETERSBURG FL 33701-
US

Mailing Address
5140 20TH AVE, NORTH
ST PETERSBURG FL 33701-
US

3. Date Incorporated or Qualified 06/25/1987 3a. Date of Last Report 05/01/1995
4. FEI Number 59-2924777 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 33710 Country
24 25 29 30 33710 Country

2a. Mailing Address
26 5140 20th AVE. NORTH
27 Suite, Apt. #, etc.
28 City & State
29 30 33710 Country

9. Name and Address of Current Registered Agent

WRIGHT, WITTNER E
5140 20TH AVENUE NORTH
ST PETERSBURG FL 33701

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 607.0502, Florida Statutes.

SIGNATURE *Wittner E. Wright* WITTNER E. WRIGHT (PRES.) 4/30/96
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE P
NAME WRIGHT, WITTNER E
STREET ADDRESS 5140 20TH AVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL
TITLE ST
NAME WRIGHT, BARRY EUGENE
STREET ADDRESS 5140 20TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL
TITLE VP
NAME WRIGHT-GRAHAM, MARIBERTH
STREET ADDRESS 5140 20TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL
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
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: *Barry Eugene Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRY EUGENE WRIGHT

April 30, 1996 (813) 321-6808
Date Daytime Phone

CR2E034 (12/95)