SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # K83832   (1)

1. Corporation Name

MARION MANOR OF SOUTHWEST FLORIDA INC.

Principal Place of Business	Mailing Address
515 DRURY LANE PUNTA GORDA FL 33950	515 DRURY LANE PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1989	3a. Date of Last Report 01/26/1996
4. FEI Number 65-0117195	Applied For ☐ Not Applicable ☐

	2. Principal Place of Business		2a. Mailing Address	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
21		26			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	City & State	28	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	
24	Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
DICKINSON, ROBERT A 460 S INDIANA AVE ENGLEWOOD FL 34223	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARBISON, WILLIAM H		1.2 NAME		
STREET ADDRESS	515 DRURY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARBISON, NELITA J		2.2 NAME		
STREET ADDRESS	515 DRURY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	7000022251647--3	
STREET ADDRESS			3.3 STREET ADDRESS	-07/29/97--01132--009	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****173.75 ****173.75	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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.

7/19/97

SIGNATURE   SIGNATURE REQUIRED   Wm H Harbison

CR2E034 (4/97)