FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
[illegible] 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L83212** **(5)**

1. Corporation Name:
HIDDEN OAKS RETIREMENT HOME, INC.

Principal Place of Business	Mailing Address
% BEVERLY A. JOHNS 1690 S ADELE AVE DELAND FL 32720	% BEVERLY A. JOHNS 1690 S ADELE AVE DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite Apt # etc — 22 / 27:
City & State — 23 / 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **59-3019507** — 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 [illegible] pursuant to [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNS, BEVERLY A.
1690 S ADELE AVE
DELAND FL 32720

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 Section 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JOHNS, BEVERLY A.	12 NAME	
STREET ADDRESS	403 W FRENCH AVE	13 STREET ADDRESS	
CITY ST ZIP	ORANGE CITY FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JOHNS, LEO D.	22 NAME	
STREET ADDRESS	403 W FRENCH AVE	23 STREET ADDRESS	
CITY ST ZIP	ORANGE CITY FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 1 or Block 11 changed or added on an attachment with an address.

SIGNATURE: Beverly J Johns 5-8-95 (904) 774-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0000874 CP