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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32720-7945

3. Date Incorporated or Qualified 06/22/1990 3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address
21 1690 S. Adele Ave 26 1690 S Adele Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-3019507 Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Deland, Florida 28 Deland, FL
Zip 32720 Country 29 32720 Country 30 Nohusia

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32720 25 Nohusia 29 32720 30 Nohusia

8. This corporation has liability for intangible tax under s. 199.032, 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 Beverly A JOHNS
82 Street Address (P.O. Box Number is Not Acceptable) 1690 S Adele Ave
83
84 City Deland FL 85 Zip Code 32720

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 Beverly A. Johns DATE 2-28-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	JOHNS, BEVERLY A.	1.2 NAME	
STREET ADDRESS	403 W FRENCH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	JOHNS, LEO D.	2.2 NAME	
STREET ADDRESS	403 W FRENCH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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.

SIGNATURE: Beverly Johns (Beverly Johns) 2-28-97 904 774-2392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)