

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M66421 (2)
1. Corporation Name
THE CEDARS OF OKLAWAHA, INC.



Principal Place of Business Mailing Address
**12351 SE 135TH CT.
OKLAWAHA FL 32171** **P.O. BOX 339
OKLAWAHA FL 32179**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1988	3a. Date of Last Report 01/10/1995
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 59-2866572	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	32183	29	32183	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CAFFALL, MARTHA E.
12351 SE 135TH COURT
OKLAWAHA FL 32179 32183**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	CAFFALL, CRAIG A.	12 NAME	
STREET ADDRESS	12351 SE 135TH CT.	13 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	14 CITY-ST-ZIP	Ocklawaha, FL 32183
TITLE	D	21 TITLE	
NAME	CAFFALL, MARTHA E.	22 NAME	
STREET ADDRESS	12351 SE 135TH CT.	23 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	24 CITY-ST-ZIP	Ocklawaha, FL 32183
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment thereto as an address.

SIGNATURE: Martha E. Caffall, Sec/Treas **6/11/96** **352/288-1350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)