

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Sep 17 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 # M66421**  
 1. Corporation Name  
**THE CEDARS OF OKLAWAHA, INC.**

**(2)**



Principal Place of Business  
**12351 SE 135TH CT.**  
**OKLAWAHA FL 32183**  
**US**

Mailing Address  
**P.O. BOX 339**  
**OKLAWAHA FL 32183-0339**  
**US**

3. Date Incorporated or Qualified  
**01/28/1988**

3a. Date of Last Report  
**08/05/1996**

4. FEI Number  
**59-2866572**

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**

7. 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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent  
**CAFFALL, MARTHA E.**  
**12351 SE 135TH COURT**  
**OKLAWAHA FL 32179**

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 607.0505, Florida Statutes.

SIGNATURE *Martha E Caffall* DATE **9/15/97**

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

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D CAFFALL, CRAIG A.**

STREET ADDRESS **12351 SE 135TH CT.**

CITY-ST-ZIP **OKLAWAHA FL**

TITLE  DELETE

NAME **D CAFFALL, MARTHA E.**

STREET ADDRESS **12351 SE 135TH CT.**

CITY-ST-ZIP **OKLAWAHA FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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 *Martha E Caffall* **Martha E. Caffall 9/15/97 (352)288-1350**

CR2E034 (9/96)