**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P92000008048 (0)**

1. Corporation Name

**ST. JAMES RETIREMENT HOME, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1200 SURF RD<br>RIVIERA BEACH FL 33404 | 1200 SURF RD<br>RIVIERA BEACH FL 33404 |

3. Date Incorporated or Qualified: 12/01/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 7357 Wilson Rd.
22: Suite, Apt. #, etc.
23: City & State: West Palm Beach Fl
24: Zip: 33413
25: Country: USA

2a. Mailing Address
26: 11891 US Hwy #1
27: Suite, Apt. #, etc.
28: City & State: North Palm Beach, Fl
29: Zip: 33408
30: Country: USA

4. FEI Number: 65-0371188 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOLAR, MARY E
1200 SURF RD
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name: Donald R. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 11891 US Hwy #1
83:
84 City: North Palm Beach FL 85 Zip Code: 33408

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: Donald R. Smith (Signature of new registered agent required after furnishing) DATE: 2-8-96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☒ DELETE |
| NAME | KOLAR, MARY E | |
| STREET ADDRESS | 1200 SURF RD | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | |
| TITLE | D | ☒ DELETE |
| NAME | KOLAR, JAMES R | |
| STREET ADDRESS | 1200 SURF RD | |
| CITY-ST-ZIP | RIVIERA BCH 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 | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | D, P, | ☒ Change ☐ Addition |
| 1.2 NAME | Donald R. Smith | |
| 1.3 STREET ADDRESS | 11891 US Hwy #1 | |
| 1.4 CITY-ST-ZIP | North Palm Beach, Fl 33408 | |
| 2.1 TITLE | D, V | ☒ Change ☐ Addition |
| 2.2 NAME | Cynthia A. Smith | |
| 2.3 STREET ADDRESS | 11891 US Hwy #1 | |
| 2.4 CITY-ST-ZIP | North Palm Beach, Fl 33408 | |
| 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 | | |

CR2E034 (12/95)

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 12 or Block 13 if changed or on an attached sheet with an address.

**SIGNATURE:** Donald R. Smith Donald R. Smith 2/8/96 (407)622-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #