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 # **P94000026160 (9)**

1. Corporate Name

S & B RETIREMENT HOMES, INC.

Principal Place of Business

356 SE PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983

Mailing Address

356 SE PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified: **04/04/1994**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **65-0478044** ☐ 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

2. Principal Place of Business
21 | 22 Street Address | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Street Address | 28 City & State | 29 Zip | 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, SHIRLEY M
356 SE PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983

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 607.1908, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of New Registered Agent (required for new agent) Date

12. OFFICERS AND DIRECTORS

Title	D	☐ DELETE
Name	TAYLOR, SHIRLEY M	
Street Address	356 SE PRIMA VISTA BLVD.	
City-St-Zip	PORT ST. LUCIE FL 34983	
Title	D	☐ DELETE
Name	BELL, ROBERT W	
Street Address	356 SE PRIMA VISTA BLVD.	
City-St-Zip	PORT ST. LUCIE FL 34983	
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		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title		☐ Change ☐ Addition
1 Name		
1 Street Address		
1 City-St-Zip		
2 Title		☐ Change ☐ Addition
2 Name		
2 Street Address		
2 City-St-Zip		
3 Title		☐ Change ☐ Addition
3 Name		
3 Street Address		
3 City-St-Zip		
4 Title		☐ Change ☐ Addition
4 Name		
4 Street Address		
4 City-St-Zip		
5 Title		☐ Change ☐ Addition
5 Name		
5 Street Address		
5 City-St-Zip		
6 Title		☐ Change ☐ Addition
6 Name		
6 Street Address		
6 City-St-Zip		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is submitted, 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 above, or on an attachment with an address.

SIGNATURE: Shirley M. Taylor President 2/12/96 407 398-3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #