

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90075 031 \*\*\*158.75

DOCUMENT # P98000048319

1. Corporation Name

THE OAKS ADULT LIVING FACILITY, INC.

Principal Place of Business

P.O. BOX 85  
BRISTOL FL 32321

Mailing Address

P.O. BOX 85  
BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1998

4. FEI Number

59-3521073

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 owes the current year Intangible  
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

SHULER, O.B.  
324 E. MAIN STREET  
BRISTOL FL 32321

10. Name and Address of New Registered Agent

81 Name Benjamin S. Guthrie

82 Street Address P.O. Box Number is Not Acceptable

RT. 3 Box 12-K

83

84 City Bristol FL 85 Zip Code 32321

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SHULER, O.B.  
STREET ADDRESS P.O. BOX 85  
CITY-ST-ZIP BRISTOL FL 32321

TITLE D ☐ DELETE

NAME SHULER, MARCIA L  
STREET ADDRESS P.O. BOX 85  
CITY-ST-ZIP BRISTOL FL 32321

TITLE D ☐ DELETE

NAME DILLMORE, NANCY S  
STREET ADDRESS P.O. BOX 853  
CITY-ST-ZIP BRISTOL FL 32321

TITLE D ☐ DELETE

NAME REVELL, BESS S  
STREET ADDRESS RT.1 BOX 10-H  
CITY-ST-ZIP BRISTOL FL 32321

TITLE D ☐ DELETE

NAME GUTHRIE, LYNN S  
STREET ADDRESS RT.3 BOX 12-K  
CITY-ST-ZIP BRISTOL FL 32321

TITLE D ☐ DELETE

NAME HOLLAND, LADELL S  
STREET ADDRESS RT.1 BOX 15-H  
CITY-ST-ZIP BRISTOL FL 32321

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 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, with all other like empowered.

SIGNATURE: Marcia L. Shuler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 1999

(850) 643-5599

Date

Daytime Phone #

CR2E034 (1/1/98)