

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 11:00

DOCUMENT # S56762 (5)

1. Corporation Name

OAK HAVEN RETIREMENT HOME, INC.

Principal Place of Business

**6840 HATCHER
LAKELAND FL 33811**

Mailing Address

**6840 HATCHER
LAKELAND FL 33811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/29/1991

3a. Date of Last Report

03/22/1994

4. FEI Number

59-3101236

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

2. Principal Place of Business

21 6840 Hatcher Rd.

Suite, Apt. #, etc.

2a. Mailing Address

26 6840 Hatcher Rd.

Suite, Apt. #, etc.

22 Lakeland Fl.

City & State

27 Lakeland Fl.

City & State

23 33811

County

25 Polk

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BITTINGER, MARGARET A.
6840 HATCHER
LAKELAND FL 33811**

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

Margaret Bittinger

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

(NOTE: Registered Agent signature required when reinstating)

3-30-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BITTINGER, MARGARET A.
STREET ADDRESS	6830 HATCHER
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	BITTINGER, HARRY G.
STREET ADDRESS	6830 HATCHER
CITY - ST - ZIP	LAKELAND FL
TITLE	S
NAME	TURNER, DEBORAH
STREET ADDRESS	1041 WATERS EDGE DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 this 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: *MARGARET BITTINGER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-95

DATE

P/B - 646-2234

DAYTON (FAX)