

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

001327

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90021 023 \*\*\*150.00

DOCUMENT # 833534

1. Corporation Name

ROYAL OAK ENTERPRISES, INC.



Principal Place of Business

900 ASHWOOD PARKWAY, SUITE 800  
ATLANTA GA 30338

Mailing Address

900 ASHWOOD PARKWAY, SUITE 800  
ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1974

4. FEI Number

83-6004731

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. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 1 Royal Oak Ave

23 City & State

Roswell, GA

24 Zip

30074

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 1 Royal Oak Ave

28 City & State

Roswell, GA

29 Zip

30074

Country

30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	KEETER, DAREN M.	1821 VERMACK COURT	DUNWOODY GA	<input type="checkbox"/>
SC	POPE, BRIAN	4448 FREEMAN RD	MARIETTA GA 30062	<input type="checkbox"/>
EVP	ALLEN, JAMES E.	801 MITSY RIDGE DRIVE	MARIETTA GA	<input type="checkbox"/>
T	CAREY, ROBERT G.	2702 CHIMNEY SPRINGS DRIVE	MARIETTA GA	<input type="checkbox"/>
D	KEETER, JAMES P.	1130 HUNTCLIFF	ATLANTA GA	<input type="checkbox"/>
V	HUDSON, KENT	644 8TH AVE., W.	DICKINSON, ND.	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

(675) 461-3700

Daytime Phone #

CR2E034 (1/98)