

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2: 09

DOCUMENT # **F72727 (3)**
1. Corporation Name
OAKS PROPERTIES, INC.

Principal Place of Business: **% ORA S. MCALESTER, OAKS, U.S. HWY 98, AT THE BRIDGE, PANACEA FL 32346**

Mailing Address: **% ORA S. MCALESTER, OAKS, U.S. HWY 98, AT THE BRIDGE, PANACEA FL 32346**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26 PO Box 26**

22. Suite, Apt. #, etc.

23. City & State: **28 PANACEA FL**

24. Zip: **29 32346** Country: **30 WAKULLA**

3. Date incorporated or Qualified: **03/19/1982**

3a. Date of Last Report: **03/17/1994**

4. FEI Number: **59-2170937**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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
OAKS MCALESTER, ORA S. (U.S. HWY 98, AT THE BRIDGE) PANACEA FL 32346

**Name change*
Same person ->

10. Name and Address of New Registered Agent

81 Name: **OAKS, ORA S**

82 Street Address (P.O. Box Number is Not Acceptable): **US Hwy 98, AT THE BRIDGE**

83 City: **PANACEA**

84 State: **FL** 85 Zip Code: **32346**

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 officer 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: *Ora S. Oaks* DATE: 5-22-95

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE: PTS | NAME: MCALESTER, ORA S. STREET ADDRESS: PO BOX 26 (NA) CITY, ST, ZIP: PANACEA FL |
| TITLE: D | NAME: MCALESTER, ORA S STREET ADDRESS: PO BOX 26 (NA) CITY, ST, ZIP: PANACEA FL |
| TITLE: V | NAME: OAKS, CLAYTON, SR STREET ADDRESS: PO BOX 1269 (NA) CITY, ST, ZIP: QUINCY FL |
| TITLE: | NAME: |
| TITLE: | NAME: |
| TITLE: | NAME: |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE: PTS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME: OAKS, ORA S. | |
| 1.3 STREET ADDRESS: PO BOX 26 (NA) | |
| 1.4 CITY, ST, ZIP: PANACEA FL | |
| 2.1 TITLE: D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME: OAKS, ORA S | |
| 2.3 STREET ADDRESS: | |
| 2.4 CITY, ST, ZIP: | |
| 3.1 TITLE: V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME: SONJA L SHEALY | |
| 3.3 STREET ADDRESS: 103 POQUITO RD | |
| 3.4 CITY, ST, ZIP: SHALIMAR, FL 32579 | |
| 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME: | |
| 4.3 STREET ADDRESS: | |
| 4.4 CITY, ST, ZIP: | |
| 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME: | |
| 5.3 STREET ADDRESS: | |
| 5.4 CITY, ST, ZIP: | |
| 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Ora S. Oaks* DATE: 4-2-95 TELEPHONE: 926-7849