2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90032 009 ***150.00

DOCUMENT # F72727

1. Entity Name
OAKS PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~% ORA S. MCALISTER~~ U.S. HWY 98. AT THE BRIDGE PANACEA FL 32346	P.O. BOX 26 PANACEA FL 32346 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
US Hwy. 98 at the Bridge Suite, Apt. #, etc.	P.O Box 26 Suite, Apt. #, etc.
City & State: Panacea, Florida	City & State: Panacea, Florida
Zip: 32346 Country: US	Zip: 32346 Country: US

4. FEI Number 59-2170937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, WILLIAM C 52 COASTAL HWY. PANACEA FL 32346	Name: Barbara Linton Street Address (P.O. Box Number is Not Acceptable): 52 Coastal Highway City: Panacea **FL** Zip Code: 32346

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Barbara Linton — DATE: 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2001 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINTON, BARBARA A P.O. BOX 26 N/A PANACEA FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTS WHITE, WILLIAM C PO BOX 26) PANACEA FL 32346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Linton, Barbara VPTS P.O. Box 26 Panacea, Fl. ~~32343~~ 32346	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Linton — 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #