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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G78602

1. Corporation Name
LONE OAK CORPORATION

Principal Place of Business

1300 N SEMORAN BLVD
SUITE 100
ORLANDO FL 32807
US

Mailing Address

P. O. BOX 574738
P.O. BOX 770398
ORLANDO FL 32857-4738
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1984

4. FEI Number

59-2359558

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

21 100 Lincoln Ave.

Suite, Apt. #, etc.

22

City & State

23 Winter Park, Fl.

Zip Country

24 32789 25 Orange

2a. Mailing Address

26 P. O. Box 3010

Suite, Apt. #, etc.

27

City & State

28 Winter Park, Fl.

Zip Country

29 3010 30 Orange

9. Name and Address of Current Registered Agent

BATTAGLIA, R.E.
1300 N SEMORAN BLVD SUITE 100
P O BOX 574738
ORLANDO FL 32857

10. Name and Address of New Registered Agent

81 Name

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

100 Lincoln Ave.

83

84 City

Winter Park,

FL

85 Zip Code
32789

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 DP ☐ DELETE

NAME BATTAGLIA, S.C.

STREET ADDRESS 881 MAYFIELD AVENUE

CITY-STATE-ZIP WINTER PARK FL

TITLE DVS ☐ DELETE

NAME BATTAGLIA, R.E.

STREET ADDRESS 1300 N SEMORAN BLVD SUITE 100

CITY-STATE-ZIP ORLANDO FL

TITLE DVT ☐ DELETE

NAME BATTAGLIA, W.P.

STREET ADDRESS 1007 TEMPLE GROVE

CITY-STATE-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

R Battaglia
R. Battaglia, Vice President

April 24, 1999

407-622-1500

Date

Daytime Phone #

CR2E034 (11/98)