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 APR 11 PM 8:15

DOCUMENT # G92477 (0)

1. Corporation Name
OAK WOOD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4028 ROLLING OAKS DRIVE WINTER HAVEN FL 33880	4028 ROLLING OAKS DRIVE WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1984
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) County (25) (30)

4. FEI Number: 59-2423750 ☐ 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

9. Name and Address of Current Registered Agent

SHART JR, JOE L
99 SIXTH ST SW
WINTER HAVEN 33880

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BROWN ELIZABETH D	12 NAME		
STREET ADDRESS	4080 ROLLING OAKS DR	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER HA	14 CITY-ST-ZIP		
TITLE	~~DV~~	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~PAUL T BOYLL~~	22 NAME	William Zollinger	
STREET ADDRESS	~~4811 PLUMWOOD ST~~	23 STREET ADDRESS	4178 Rolling Oaks Drive	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	24 CITY-ST-ZIP	Winter Haven, Florida 33880	
TITLE	DS	31 TITLE	Director	☒ Change ☐ Addition
NAME	GLEEN SMITH	32 NAME	Glenn Smith	
STREET ADDRESS	4138 SPRUCEWOOD ST	33 STREET ADDRESS	4138 Sprucewood	
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	Winter Haven, Florida 33880	
TITLE	~~DT~~	41 TITLE	Director-Treasurer	☒ Change ☐ Addition
NAME	~~WAYNE BEGIEN~~	42 NAME	Joseph Boland	
STREET ADDRESS	~~4606 BALSAWOOD ST~~	43 STREET ADDRESS	4527 Redwood St.	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	44 CITY-ST-ZIP	Winter Haven, Florida 33880	
TITLE	~~D~~	51 TITLE	Director-Secretary	☒ Change ☐ Addition
NAME	~~STANLEY SPIEWAK~~	52 NAME	Arnold Gustafson	
STREET ADDRESS	~~4432 LIMEWOOD ST~~	53 STREET ADDRESS	4552 Redwood St.	
CITY-ST-ZIP	~~WINTER HA~~	54 CITY-ST-ZIP	Winter Haven, Florida 33880	
TITLE	~~D~~	61 TITLE	Director	☒ Change ☐ Addition
NAME	~~FRANK OBRIEN~~	62 NAME	Richard Naylor	
STREET ADDRESS	~~4056 ROLLING OAKS DR~~	63 STREET ADDRESS	4206 Cedarwood St.	
CITY-ST-ZIP	~~WINTER HAVE FL~~	64 CITY-ST-ZIP	Winter Haven, Florida 33880	

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 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.

SIGNATURE: Elizabeth D. Brown Elizabeth D. Brown, President (813)299-5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440170 FP

Director
Doris Force
4319 Cherrywood St.
Winter Haven, Florida 33880

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