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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G92477**

(0)

1. Corporation Name

**OAK WOOD ASSOCIATES, INC.**

Principal Place of Business

**4028 ROLLING OAKS DRIVE  
WINTER HAVEN FL 33880**

Mailing Address

**4028 ROLLING OAKS DRIVE  
WINTER HAVEN FL 33880-1621**

3. Date Incorporated or Qualified  
**03/21/1984**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

**SHARIT 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

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 **PD** ☐ DELETE  
NAME **BROWN ELIZABETH D**  
STREET ADDRESS **4080 ROLLING OAKS DR**  
CITY-ST-ZIP **WINTER HA**

TITLE **VP** ☐ DELETE  
NAME **WILFRED ZOLLINGER**  
STREET ADDRESS **4178 ROLLING OAKS DRIVE**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE  
NAME **FRANK E. COCHRAN**  
STREET ADDRESS **4415 LIMWOOD ST.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **DT** ☐ DELETE  
NAME **BOLAND, JOSEPH**  
STREET ADDRESS **4527 REDWOOD ST.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **S** ☐ DELETE  
NAME **GUSTAFSON, ARNOLD**  
STREET ADDRESS **4552 REDWOOD ST**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE  
NAME **NAYLOR, RICHARD**  
STREET ADDRESS **4206 CEDARWOOD ST**  
CITY-ST-ZIP **WINTER HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DS** ☐ Change ☒ Addition  
1.2 NAME **Doris Force**  
1.3 STREET ADDRESS **4319 Cherrywood St.**  
1.4 CITY-ST-ZIP **Winter Haven, Florida 33880**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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**

CR2E034 (9/96)