FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____ 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	☐ DELETE	1.1 TITLE	DS	☐ Change ☐ Addition
NAME	BROWN ELIZABETH D		1.2 NAME	Force Doris	
STREET ADDRESS	4080 ROLLING OAKS DR		1.3 STREET ADDRESS	4319 Cherrywood St.	
CITY-ST-ZIP	WINTER HA		1.4 CITY-ST-ZIP	Winter Haven, Florida 33880	
TITLE	VP	☐ DELETE	2.1 TITLE	DT	☐ Change ☒ Addition
NAME	WILFRED ZOLLINGER		2.2 NAME	LaFoye Schuldt	
STREET ADDRESS	4178 ROLLING OAKS DRIVE		2.3 STREET ADDRESS	4097 Rolling Oaks	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, Florida 33880	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FRANK E. COCHRAN		3.2 NAME	Everett Belote	
STREET ADDRESS	4415 LIMEWOOD ST.		3.3 STREET ADDRESS	4208 Cedarwood St.	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Winter Haven, Florida 33880	
TITLE	DT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLAND, JOSEPH		4.2 NAME		
STREET ADDRESS	4527 REDWOOD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUSTAFSON, ARNOLD		5.2 NAME		
STREET ADDRESS	4552 REDWOOD ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NAYLOR, RICHARD		6.2 NAME		
STREET ADDRESS	4206 CEDARWOOD ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVE FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Elizabeth D Brown Elizabeth D. Brown Pres 4-13-98 941-299-5696