4/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-02-2002 90900 038 ***150.00

DOCUMENT # G92477

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2423750 ☐ 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
SHARIT JR, JOE L 99 SIXTH ST SW WINTER HAVEN FL 33880	Name: Robert J. Stambaugh Street Address (P.O. Box Number is Not Acceptable): 99 Sixth St. SW (See copy of last year attached) City: Winter Haven, Fl **FL** Zip Code: 33880

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: [signature] Robert J. Stambaugh 4-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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	PD ROWE, ROBERT JR 4034 ROLLING OAKS DR WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWE, ROBERT JR. 4034 Rolling Oaks Dr Winter Haven, Fl. 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAPP, GENE 4046 ROLLING OAKS DR WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Elizabeth D. Brown 4080 Rolling Oaks Winter Haven, Fl 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZULLI, RUTH 4131 SPRUCEWOOD ST WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Antonetta L. Ireland 4077 Rolling Oaks Dr. Winter Haven, Fl 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FORCE DORIS 4319 CHERRYWOOD ST WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LAFOYE, SCHULDT 4097 ROLLING OAKS WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LaFoye, Schuldt 4097 Rolling Oaks Winter Haven, Fl 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAYLOR, RICHARD 4208 CEDARWOOD ST WINTER HAVE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: LaFoye C. Schuldt Vice President LaFoye C. Schuldt 863-299-5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/30/02 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

4/5/01-90018-012-$150.00-$150.00

DOCUMENT # G92477

ATTACHMENT

98819 [redacted]

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2423750 ☐ 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
~~SHARP JR, JOE L~~ Stambaugh, Robert J. 99 SIXTH ST SW WINTER HAVEN FL 33880	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Robert J. Stambaugh Robert J. Stambaugh 4-16-01

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

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	PD BROWN ELIZABETH D 4080 ROLLING OAKS DR WINTER HA	☐ Delete	ROBERT ROWE, JR. 4034 Rolling Oaks Dr. Winter Haven, Florida 33880	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAP, GENE 4046 ROLLING OAKS DR WINTER HAVEN FL 33880	☐ Delete	TAPP, GENE (spelled wrong)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D T ZULU, RUTH 4131 SPRUCEWOOD ST WINTER HAVEN FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FORCE DORIS 4319 CHERRYWOOD ST WINTER HAVEN FL 33880	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DVP LAFOYE, SCHULDT 4097 ROLLING OAKS WINTER HAVEN FL 33880	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAYLOR, RICHARD 4206 CEDARWOOD ST WINTER HAVE FL	☐ Delete		☐ Change ☐ Addition

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: Elizabeth D. Brown ELIZABETH D. BROWN President April 2, 2001 (863) 299-5696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #