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150

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90024 047 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # L36933**

1. Corporation Name  
**SEVEN OAKS, INC.**

Principal Place of Business

15877 CTY RD 565A  
 CLERMONT FL 34712  
 US

Mailing Address

P.O. BOX 121312  
 CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/15/1989

4. FEI Number

59-2988857

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.

☒☐ No

9. Name and Address of Current Registered Agent

MAINES, FRANK L.  
 15877 CR 565-A  
 CLERMONT FL 34711

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 ☐ DELETE  
 NAME D  
 STREET ADDRESS EPPS, ARNOLD L  
 CITY-ST-ZIP PO BOX 485 N/A  
 GROVELAND FL

TITLE ☐ DELETE  
 NAME D  
 STREET ADDRESS MCGUIRE, HAROLD E  
 CITY-ST-ZIP PO BOX 1254 N/A  
 CLERMONT FL

TITLE ☐ DELETE  
 NAME PD  
 STREET ADDRESS MAINES, FRANK L  
 CITY-ST-ZIP PO BOX 1334 N/A  
 CLERMONT FL

TITLE ☐ DELETE  
 NAME STD  
 STREET ADDRESS HEISNER, JAMES R  
 CITY-ST-ZIP PO BOX 1312 N/A  
 CLERMONT FL

TITLE ☐ DELETE  
 NAME D  
 STREET ADDRESS MARRA, JOSEPH J SR  
 CITY-ST-ZIP PO BOX 595 N/A  
 CLERMONT FL

TITLE ☐ DELETE  
 NAME D  
 STREET ADDRESS MCFARLAND, RALPH E JR  
 CITY-ST-ZIP PO BOX 846 N/A  
 CLERMONT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
 1.2 NAME LAURANNA B. TURNER  
 1.3 STREET ADDRESS PO BOX 120595  
 1.4 CITY-ST-ZIP CLERMONT, FL 34712

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-99

352-394-5144

CR2E034 (11/98)