

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 AM 11:56

DOCUMENT # **M71790** (3)  
1. Corporation Name  
**OAKLEAF ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**2211 CHERYL DR. JACKSONVILLE FL 32217** **2211 CHERYL DR. JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/03/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2915049** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEKAS, JAMES S.**  
**2211 CHERYL DR.**  
**JACKSONVILLE FL 32217**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **CURRY, ROBERT L.**  
STREET ADDRESS **945 SILVERIDGE CT.**  
CITY-ST-ZIP **ORANGE PARK FL**  
TITLE **D**  
NAME **MACLEOD, GEORGE**  
STREET ADDRESS **2700 BOTTOMRIDGE DR.**  
CITY-ST-ZIP **ORANGE PARK FL**  
TITLE **D**  
NAME **LEKAS, JAMES S.**  
STREET ADDRESS **2211 CHERYL DR.**  
CITY-ST-ZIP **JACKSONVILLE FL**  
TITLE **D**  
NAME **DRAUDE, J.A.**  
STREET ADDRESS **2647 BOTTOMRIDGE DR.**  
CITY-ST-ZIP **ORANGE PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 (Block 13 if changed) or on filing instrument with an address

SIGNATURE: *James S. Lekas*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**JAMES S. LEKAS**

**3/29/95** **904 7666573**  
Date (Month/Day/Year) (Typed Phone #)