

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31381** (9)  
1. Corporation Name  
**OAK COVE, INC.**



Principal Place of Business <b>420 BAY AVENUE CLEARWATER FL 34616</b>	Mailing Address <b>420 BAY AVENUE CLEARWATER FL 34616-5291</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>03/27/1989</b>	3a. Date of Last Report <b>04/10/1996</b>
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4. FEI Number <b>59-3016707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RAYMOND, J. PAUL  
400 CLEVELAND STREET  
SUITE 800  
CLEARWATER FL 34615**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEBERLING, LARYN D.</b>	
STREET ADDRESS	<b>420 BAY AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PENNACHIO, VALERIE</b>	
STREET ADDRESS	<b>210 SO OSCEOLA</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GERY, DAVID</b>	
STREET ADDRESS	<b>420 BAY AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CATES, RONALD K.</b>	
1.3 STREET ADDRESS	<b>420 BAY AVENUE</b>	
1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34616</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CARR, JAMES D.</b>	
2.3 STREET ADDRESS	<b>420 BAY AVENUE</b>	
2.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34616</b>	
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RIVES, LORI</b>	
3.3 STREET ADDRESS	<b>420 BAY AVENUE</b>	
3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34616</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **JAMES D. CARR**  **813-445-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066813

CR2E037 (9/96)