

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

Amended

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 APR 19 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L36933*

1. Corporation Name

SEVEN OAKS, INC.

(4)

Principal Place of Business

Mailing Address

15877 Cty Rd 565A
Clermont, Fla 34712

P O Box 121312
Clermont, Fl 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1989

4. FIC Number

59-2988857

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 AFE and
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May, Br
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

[X]

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

Maines, Frank L

15877 CR 565A

Clermont, Fl 34712

81. Name

Marra, Joseph J Sr.

82. Street Address (P.O. Box Number is Not Acceptable)

83. 15877 Cty Rd 565A

84. City

Clermont,

FL

85. Zip Code
34712

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 principal 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 this appointment as registered agent. I am qualified with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Frank L Maines*

4-14-99

DATE 4/14/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE

NAME Epps, Arnold L

STREET ADDRESS P O Box 487 n/a

CITY-STATE-ZIP Groveland, Fl

TITLE D [] DELETE

NAME D, STD

STREET ADDRESS Heisner, James R

CITY-STATE-ZIP P O Box 121314 n/a

TITLE D [] DELETE

NAME D

STREET ADDRESS Maines, Frank L

CITY-STATE-ZIP P O Box 121334 n/a

TITLE D [] DELETE

NAME D P

STREET ADDRESS Marra, Joseph, J Sr

CITY-STATE-ZIP P O Box 120595 n/a

TITLE D [] DELETE

NAME D

STREET ADDRESS McGuire, Harold E

CITY-STATE-ZIP P O Box 121254 n/a

TITLE D [] DELETE

NAME McFarland, Ralph E Jr

STREET ADDRESS P O Box 846 n/a

CITY-STATE-ZIP Clermont, Fl 34712

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-STATE-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-STATE-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-STATE-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-STATE-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-STATE-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-STATE-ZIP

D

Turner, Lauranna B

15877 Cty 565A

Clermont, Fl 34711

[] Change [X] Add

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank L Maines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK L MAINES

4-14-99

352-374-5144

1007-1-1-1

CR2E034 (11/98)