FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR -4 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **161982** **(4)**

1. Corporation Name
THE OASIS MARINA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
25601 HWY 60 EAST LAKE WALES FL 33853	25601 HWY 60 EAST LAKE WALES FL 33853

3. Date Incorporated or Qualified: **06/22/1950**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-0722305** ☐ 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

9. Name and Address of Current Registered Agent

LUNSFORD, J.W.
HIGHWAY 60 EAST, KISSIMMEE RIVER BRIDGE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Carolyn Diane Lunsford
82 Street Address (P.O. Box Number is Not Acceptable): 25601 Highway 60 East
83
84 City: Lake Wales **FL** 85 Zip Code: 33853

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: X Carolyn Diane Lunsford — March 22, 1995.
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President/Director	☐ Change ☒ Addition
NAME	LUNSFORD, J.W.	12 NAME	Carolyn Diane Lunsford	
STREET ADDRESS	25601 HWY 60 EAST	13 STREET ADDRESS	25601 Highway 60 East	
CITY-ST-ZIP	LAKE WALES FL	14 CITY-ST-ZIP	Lake Wales FL 33853	
TITLE	S	21 TITLE	Secretary/Treasurer/Director	☒ Change ☐ Addition
NAME	LUNSFORD, HELEN L.	22 NAME	Helen L. Lunsford	
STREET ADDRESS	25601 HWY 60 EAST	23 STREET ADDRESS	25601 Highway 60 East	
CITY-ST-ZIP	LAKE WALES FL	24 CITY-ST-ZIP	Lake Wales FL 33853	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	KEHOE, CAROLYN DIANE	32 NAME		
STREET ADDRESS	25601 HWY 60 E	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	4/4/95 MST	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Carolyn Diane Lunsford — March 22, 1995 — 813-692-1594
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number
Carolyn Diane Lunsford

0017346 CP