

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 161982 (4)

1. Corporation Name  
THE OASIS MARINA, INC.



Principal Place of Business

25601 HWY 60 EAST  
LAKE WALES FL 33853

Mailing Address

25601 HWY 60 EAST  
LAKE WALES FL 33853

3. Date Incorporated or Qualified  
06/22/1950

3a. Date of Last Report  
04/04/1995

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

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

10. Name and Address of New Registered Agent

LUNS福德, CAROLYN DIANE  
24601 HIGHWAY 60 EAST  
LAKE WALES FL 33853

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LUNS福德, CAROLYN D  
STREET ADDRESS 25601 HWY 60 EAST  
CITY-ST-ZIP LAKE WALES FL  
☐ DELETE

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE STD  
NAME LUNS福德, HELEN L.  
STREET ADDRESS 25601 HWY 60 EAST  
CITY-ST-ZIP LAKE WALES FL  
☐ DELETE

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE VP  
NAME KEHOE, CAROLYN DIANE  
STREET ADDRESS 25601 HWY 60 E  
CITY-ST-ZIP LAKE WALES FL  
☐ DELETE

3 1 TITLE  
3 2 NAME LUNS福德, CAROLYN DIANE  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

7 1 TITLE  
7 2 NAME  
7 3 STREET ADDRESS  
7 4 CITY-ST-ZIP  
☐ Change ☐ Addition

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)(k), 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 Feb 10, 1996 941-692-1574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (12/95)