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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90035 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 253867

1. Corporation Name  
BEL-OAK INC

Principal Place of Business  
4702 GLEASON AVE.  
P O BOX 5093  
SARASOTA FL 34288-5093  
US

Mailing Address  
4702 GLEASON AVE.  
P O BOX 5093  
SARASOTA FL 34277-5093  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/11/1961

4. FEI Number  
59-1059379

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 4702 Gleason Ave

Suite, Apt. #, etc.  
22 Sarasota, Florida

City & State  
23 34242 US A

Zip Country  
24 25

2a. Mailing Address  
26 PO Box 35296

Suite, Apt. #, etc.  
27 Sarasota, Florida

City & State  
28 34242 US A

Zip Country  
29 30

9. Name and Address of Current Registered Agent

CHAPMAN, ROY A  
1920 GOLF ST.  
SARASOTA FL 34236

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 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

TITLE PT ☐ DELETE  
NAME PARTRICK, JEANNE H  
STREET ADDRESS 4702 GLEASON AVENUE  
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE  
NAME PARTRICK, TOM G.  
STREET ADDRESS 4702 GLEASON AVE.  
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE  
NAME CHAPMAN, ROY A  
STREET ADDRESS 1920 GOLF ST.  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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: *James H. Partrick, Pres/Treas.* 20 April 1999 941-349-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)