

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

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95 MAR -1 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
DIVISION OF CORPORATIONS

DOCUMENT # 421916 (8)

OAKLEY INVESTMENT OF PASCO COUNTY, INC.

Principal Place of Business: 835 S HWY 301 / P O BOX 1484 DADE CITY FL 33526  
Mailing Address: 835 S HWY 301 / P O BOX 1484 DADE CITY FL 33526

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2676 Club House Dr		26 2676 Club House Dr		03/23/1973		03/08/1994	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 LAKE WALES, FL		27 LAKE WALES FL		59-1483038		Not Applicable	
24 33853		25 POLK		29 33853		30 POLK	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OAKLEY, TOM ED 835 S HWY 98 DADE CITY FL 33526				81 Name Tom Ed Oakley			
				82 Street Address (P.O. Box Number is Not Acceptable) 2676 Club House Dr			
				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: \_\_\_\_\_ (Signature required when registering) \_\_\_\_\_ (Signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	TITLE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OAKLEY, TOM ED	PD	1.2 NAME	
HWY 301 SOUTH		1.3 STREET ADDRESS	2676 Clubhouse Dr
DADE CITY FL		1.4 CITY - ST - ZIP	LAKE WALES, FL 33853
VP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MAGGARD, ANN		2.2 NAME	
W CLINTON AVE		2.3 STREET ADDRESS	
DADE CITY FL		2.4 CITY - ST - ZIP	
S		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OAKLEY, PATRICIA A.		3.2 NAME	
HWY. 301 SOUTH		3.3 STREET ADDRESS	2676 Clubhouse Dr
DADE CITY FL		3.4 CITY - ST - ZIP	LAKE WALES, FL 33853
		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 hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this report, or on an attachment with an address.

SIGNATURE: Patricia A. Oakley, Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2.23.95 813-674-9501