

**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 # **498827** (5)

1. Corporation Name  
**SIR OXFORD, INC.**



Principal Place of Business: **132-D BUSHNELL PLAZA, P.O. BOX 248, BUSHNELL FL 33513-0248, US**  
Mailing Address: **P.O. BOX 248, BUSHNELL FL 33513, US**

3. Date Incorporated or Qualified: **03/12/1976**  
3a. Date of Last Report: **01/25/1995**  
4. FEI Number: **59-1656236**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for State, City, Zip, and Country.

9. Name and Address of Current Registered Agent

**HAGIN, RICHARD T  
132 BUSHNELL PLAZA  
BUSHNELL FL 33513**

*typo error - should be T. RICHARD HAGIN*

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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  
1. PDS HAGIN, T RICHARD 132 BUSHNELL PLAZA BUSHNELL, FL 00000  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1 TITLE  
2. 1 NAME  
3. 1 STREET ADDRESS  
4. 1 CITY-ST-ZIP  
5. 1 TITLE  
6. 2 NAME  
7. 2 STREET ADDRESS  
8. 2 CITY-ST-ZIP  
9. 1 TITLE  
10. 2 NAME  
11. 2 STREET ADDRESS  
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96. 2 CITY-ST-ZIP  
97. 1 TITLE  
98. 2 NAME  
99. 2 STREET ADDRESS  
100. 2 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)(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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 352-793-2714  
Date Daytime Phone #

CR2E034 (12/95)