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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| | CUMEN | T# 559641 | (6) | | | | | | |
|---|---|---|--|-----------------------|---|--|---|------------------------------------|--|
| OAK PARK CONSTRUCTION, INC. | | | | | | | | | |
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | T I I I I I I I I I I I I I I I I I I I | FLOT WHOM DIVIN BION DIVI | IT DIDH DIDII TODI | |
| 3294 NE 11TH AVE. OAKLAND PARK FL 33334 | | | 3294 NE 11TH AVE. OAKLAND PARK FL 33334 | | | | | | |
| US | | | US | | | 3. Date Incorporated or Qualified 02/13/1978 | 3a. Date of Last F 01/27/19 | | |
| 2. Prir 21 | ncipal Place of Bu | pal Place of Business 2a. Mailing Address 2b. | | | | 4. FEI Number 59-1802969 | | Applied For Not Applicable | |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | T | 5 Additional Required | | |
| 22 City | y & State | | City & State | | 6. Election Campaign Financing | \$5.0 | 00 May Be | | |
| 23 | ony a orate | | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zıp 24 | | Country 25 | Zip 29 | Country 30 | <i>(</i> | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No 199.032 | | | |
| | g. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| | | ULUMP | | 81 | | Name | | | |
| MAINGUY, H. WAYNE 10770 158TH ST NORTH | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| JUPITER FL 33478 | | | | 83 | | | | | |
| ` | | | | 84 | City | | 85 Z | ip Code | |
| | | | | | 1 " | | FL | · | |
| l or | r registered agent | , or both, in the State of Florida | i. Such change was authoriz | red by the corp | named corpor poration's boar | ation submits this statement for the pur rd of directors. I hereby accept the appo | pose of changing its pintment as registere | registered office d agent. I am | |
| | • | ccept the obligations of, Section | n 607.0505, Florida Statutes | S. | | | | 1 | |
| SIGNA | ATURE Signature, t | yped or printed name of registered agent ar | nd title if applicable (NC | OTE: Registered Age | ont signature require | | DATE | | |
| 12. | | | | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTO | | |
| TITLE | PD | NGIV LI WAYNE | ☐ DELETE | 1 1 TITLE 1.2 NAME | | • | Change | | |
| NAME | MAINGUY, H. WAYNE 10770 158TH ST NORTH | | | 1.3 STREET ADDRESS | | | | | |
| | SI-ZIP JUPITER FL | | | 1.4 COY-ST-ZIP | | | | | |
| TITLE | STD | | ☐ DELETE | 2. 1 TITLE | | | ☐ Change | Addition | |
| NAME | MAINGUY, BARBARA B. | | | 2.2 NAME | | | | | |
| STREET | IEE1 ADDRESS 10770 158TH ST NORTH | | | 2 3 STREET ADDRESS | | | | | |
| CITY-S | Y-ST-ZIP JUPITER FL | | | 2.4 C(TY-ST-Z)P | | | | | |
| TITLE | | | DELETE | 3 1 TITLE | | | Change | Addition | |
| NAME | ΛE . | | | 3 2 NAME | | | | | |
| STREFT | ADDRESS | | | | ET ADDRESS | | | | |
| CITY-S | | | C) DCIETE | 3.4 CITY - \$1 - ZIP | | | ☐ Change | Addition | |
| TITLE | | | 4. 1 TITLE | į | | | | | |
| NAME | | | | 4.2 NAME | ET ADDRESS | | | | |
| 1 | ADDRESS | | | 4.4 City | | | | | |
| TITLE | | | 5 1 TITLE | | | Change | e Addition | | |
| NAME | | | 5.2 NAME | | l l | | | | |
| 1 | ADDRESS | | | | ET ADDRESS | | | | |
| CITY-S | | | | 5.4 CITY | | | | | |
| THILE | | | ☐ DELETE | 6. 1 TITLE | | | Change | Addition | |
| NAME | | | | 6.2 NAME | Ε | | | | |
| STREET | ADDRESS | | | 6.3 STRE | ET ADDRESS | | | | |
| CHTY-S | ST - ZIP | | | 6.4 C(TY | -ST-ZIP | | | | |
| 14 | do hereby certify | that the information supplied w | ith this filing is voluntarily fur | nished and do | es not qualify | for the exemption stated in Section 119 | .u/(3)(k), Florida Stat | utes. I further | |

roo necesty certify that the information supplied with this limit is voluntarily formal and accurate and that my signature shall have the same legal effect as if made under early 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 eath; 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: __

NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 954-564-4936