

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **650409** (6)
1. Corporation Name
OAK HILL LAND, INC.



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| Principal Place of Business 1991 AMBASSADOR CT SUNNY HILLS FL 32428 US | Mailing Address 1991 AMBASSADOR SUNNY HILLS FL 32428 US |
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DO NOT WRITE IN THIS SPACE

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|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State Chipley FL 23 Zip 32428 24 Country US | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State Chipley FL 28 Zip 32428 29 Country US 30 | | 3. Date Incorporated or Qualified 01/07/1980 | |
| 4. FEI Number 59-2026350 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent BELECKAS, WITHOLD 540 AMBASSADOR COURT SUNNY HILLS FL 32428 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1991 Ambassador Court 83 84 City Chipley FL 85 Zip Code 32428 | |
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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 *Withold Beleckas* **Withold Beleckas** DATE **4/6/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD | NAME BELECKAS, WITHOLD | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1991 AMBASSADOR COURT | | 1.2 NAME | |
| CITY-ST-ZIP SUNNY HILLS FL | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| TITLE D | NAME REGISTER, STEPHAN | 1.4 CITY-ST-ZIP Chipley FL 32428 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 207 STATE ROAD 200 WEST | | 2.1 TITLE | |
| CITY-ST-ZIP CHIPLEY FL | <input type="checkbox"/> DELETE | 2.2 NAME Stephen B Register Jr | |
| TITLE ST | NAME AGIATO, FRANK | 2.3 STREET ADDRESS 1552 Brickyard Road | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 520 LINWOOD DRIVE | | 2.4 CITY-ST-ZIP | |
| CITY-ST-ZIP SUNNY HILLS FL 32428 | <input type="checkbox"/> DELETE | 3.1 TITLE | |
| TITLE DV | NAME LAPINSKI, ROMAN | 3.2 NAME 4045 Linwood Drive | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1040 W FINGERBEARD RD NO 2ND FLR | | 3.3 STREET ADDRESS Chipley FL 32428 | |
| CITY-ST-ZIP STATES ISL NY | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| TITLE V | NAME LABUTIS, VITAS | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 625 AMBASSADOR COURT | | 4.2 NAME | |
| CITY-ST-ZIP SUNNY HILLS FL 32428 | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS 2001 Ambassador Court | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 4.4 CITY-ST-ZIP Chipley FL 32428 | |
| NAME | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | |
| | | 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.

CR2E034 (10/97)