

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90103 001 ***150.00

DOCUMENT # 650409

1. Corporation Name
OAK HILL LAND, INC.

Principal Place of Business

1991 AMBASSADOR CT
CHIPLEY FL 32428
US

Mailing Address

1991 AMBASSADOR
CHIPLEY FL 32428
US

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified

01/07/1980

4. FEI Number

59-2026350

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

9. Name and Address of Current Registered Agent

BELECKAS, WITHOLD
1991 AMBASSADOR CT
CHIPLEY FL 32428

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 PD ☐ DELETE
NAME BELECKAS, WITHOLD
STREET ADDRESS 1991 AMBASSADOR COURT
CITY-ST-ZIP CHIPLEY FL 32428

TITLE D ☐ DELETE
NAME REGISTER, STEPHEN B J
STREET ADDRESS 1552 BRICKYARD RD
CITY-ST-ZIP CHIPLEY-FL-32428

TITLE ST ☒ DELETE
NAME AGIATO, FRANK deceased
STREET ADDRESS 4045 LINWOOD DR
CITY-ST-ZIP CHIPLEY FL 32428

TITLE DV ☐ DELETE
NAME LAPINSKI, ROMAN
STREET ADDRESS 1040 W FINGERBEARD RD NO 2ND FLR
CITY-ST-ZIP STATES ISL NY

TITLE V ☐ DELETE
NAME LABUTIS, VITAS
STREET ADDRESS 2001 AMBASSADOR CT
CITY-ST-ZIP CHIPLEY FL 32428

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 ST ☐ Change ☒ Addition
3.2 NAME BELECKAS, GENEVIEVE
3.3 STREET ADDRESS 1991 AMBASSADOR CT.
3.4 CITY-ST-ZIP CHIPLEY FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Withold Beleckas 4/15/1999 850-773-3333

CR2E034 (11/98)

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