SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:27

DOCUMENT # **678251** **(0)**

1. Corporation Name

OAK TOWNE, INC.

Principal Place of Business	Mailing Address
110 2NDST.SO PO BOX 2249 GREAT FALLS MT 59403	110 2NDST.SO PO BOX 2249 GREAT FALLS MT 59403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1980
3a. Date of Last Report: 04/20/1994
4. FEI Number: 81-0268110 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	MCCANN, S M	12 NAME	MCCANN, S.M.	
STREET ADDRESS	411 FOOTHILL BLVD	13 STREET ADDRESS	979 OSOS ST., STE C-3	
CITY-ST-ZIP	SAN LUIS OBISPO CA	14 CITY-ST-ZIP	SAN LUIS OBISPO, CA 93401	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	MCCANN, A.M.	22 NAME		
STREET ADDRESS	521 3RD AVE. NORTH	23 STREET ADDRESS		
CITY-ST-ZIP	GREAT FALLS MT	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ARNESON, M. M.	32 NAME		
STREET ADDRESS	2210 FOX DRIVE	33 STREET ADDRESS		
CITY ST ZIP	BILLINGS MT	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	MCCANN, A., M	42 NAME		
STREET ADDRESS	521 3RD AVE NORTH	43 STREET ADDRESS		
CITY ST ZIP	GREAT FALLS MT	44 CITY-ST-ZIP		
TITLE	ST	51 TITLE	ST	XX Change ☐ Addition
NAME	SWENSON, S., A.	52 NAME	WHERLEY, S.L.	
STREET ADDRESS	110 SECOND ST NORTH	53 STREET ADDRESS	110 SECOND ST. SO.	
CITY ST ZIP	GREAT FALLS MT	54 CITY-ST-ZIP	GREAT FALLS, MT 59401	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: S.L. Wherley S.L. WHERLEY 6/9/95 (406) 727-2400
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102172 FN