

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

DOCUMENT # 678251

1. Corporation Name
OAK TOWNE, INC.

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

Mailing Address
110 2NDST.SO
PO BOX 2249
GREAT FALLS MT 59403

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90094 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1980

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

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

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES ST
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

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 ☐ DELETE

NAME
PST
MCCANN, A M
STREET ADDRESS
521 3RD AVE SOUTH
CITY-ST-ZIP
GREAT FALLS MT 59401

TITLE ☐ DELETE

NAME
VD
MCCANN, ANDY
STREET ADDRESS
5119 CHEROKEE TRAIL
CITY-ST-ZIP
BILLINGS MT 59106

TITLE ☐ DELETE

NAME
D
ARNESON, M. M.
STREET ADDRESS
2210 FOX DRIVE
CITY-ST-ZIP
BILLINGS MT

TITLE ☒ DELETE

NAME
D
ARNESON, LEE
STREET ADDRESS
2210 FOX DR
CITY-ST-ZIP
BILLINGS MT 59102

TITLE ☒ DELETE

NAME
ST
KING, K
STREET ADDRESS
110 2ND ST S
CITY-ST-ZIP
GREAT FALLS MT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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 REQUIRED

4/8/99

(406-761-2600)

Date

Daytime Phone #

CR2E034 (11/98)