

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

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90100 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **694375**

1. Corporation Name
SIX OAKS GROVES, INC.

Principal Place of Business
**3782 MCCARTY ROAD
FT PIERCE FL 34945**

Mailing Address
**3782 MCCARTY ROAD
FT PIERCE FL 34945**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2122641	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CARLTON, WAYNE 3782 MCCARTY RD. FT PIERCE FL 34945				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P	DELETED						1.1 TITLE	Change Addition						
NAME	CARLTON, WESLEY R							1.2 NAME							
STREET ADDRESS	3810 ELEVEN MILE RD							1.3 STREET ADDRESS							
CITY-ST-ZIP	FT PIERCE FL 34945							1.4 CITY-ST-ZIP							
TITLE	VP	DELETED						2.1 TITLE	Change Addition						
NAME	R WAYNE CARLTON							2.2 NAME							
STREET ADDRESS	3782 MCCARTY RD							2.3 STREET ADDRESS							
CITY-ST-ZIP	FT. PIERCE FL 34945							2.4 CITY-ST-ZIP							
TITLE	ST	DELETED						3.1 TITLE	Change Addition						
NAME	CRUSE, MARYANNE C							3.2 NAME							
STREET ADDRESS	11995 OKEECHOBEE RD							3.3 STREET ADDRESS							
CITY-ST-ZIP	FT. PIERCE FL 34945							3.4 CITY-ST-ZIP							
TITLE		DELETED						4.1 TITLE	Change Addition						
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE		DELETED						5.1 TITLE	Change Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE		DELETED						6.1 TITLE	Change Addition						
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								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: *Mary Anne C. Cruse* *Mary Anne C. Cruse* 2/26/99 561-464-5589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)