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 # **694765** **(9)**

1. Corporation Name
SEA OAKS, INC.

Principal Place of Business	Mailing Address
110 2ND ST S PO BOX 2249 GREAT FALLS MT 59401	110 2ND ST S PO BOX 2249 GREAT FALLS MT 59401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/15/1981**
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 subsequently [illegible] 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	DP	11 TITLE	XX Change ☐ Addition DP
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	D	21 TITLE	☐ Change ☐ Addition
NAME	ARNESON, M M	22 NAME	
STREET ADDRESS	2210 FOX DRIVE	23 STREET ADDRESS	
CITY ST ZIP	BILLINGS MT	24 CITY ST ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	MCCANN, A.M.	32 NAME	
STREET ADDRESS	521 3RD AVE. NORTH	33 STREET ADDRESS	
CITY ST ZIP	GREAT FALLS 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	XX Change ☐ Addition ST
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)(k), 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) 727-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162171 FN