

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

FILED
Apr 01 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 694765 (9)
1. Corporation Name
SEA OAKS, INC.



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/15/1981 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 81-0268110 | |
| 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|------------------------|
| TITLE | DP | 1.1 TITLE | PST |
| NAME | MCCANN, S M | 1.2 NAME | A.M. MCCANN |
| STREET ADDRESS | 979 OSOS ST STEE C-3 | 1.3 STREET ADDRESS | 521 THIRD AVENUE NORTH |
| CITY-ST-ZIP | SAN LUIS OBISPO CA | 1.4 CITY-ST-ZIP | GREAT FALLS, MT 59401 |
| TITLE | D | 2.1 TITLE | D |
| NAME | ARNESON, M M | 2.2 NAME | LEE ARNESON |
| STREET ADDRESS | 2210 FOX DRIVE | 2.3 STREET ADDRESS | 2210 FOX DRIVE |
| CITY-ST-ZIP | BILLINGS MT | 2.4 CITY-ST-ZIP | BILLINGS, MT 59102 |
| TITLE | DST | 3.1 TITLE | V |
| NAME | MCCANN, A.M. | 3.2 NAME | ANDY MCCANN |
| STREET ADDRESS | 521 3RD AVE. NORTH | 3.3 STREET ADDRESS | 5119 CHEROKEE TRAIL |
| CITY-ST-ZIP | GREAT FALLS MT | 3.4 CITY-ST-ZIP | BILLINGS, MT 59106 |
| TITLE | V | 4.1 TITLE | |
| NAME | MCCANN, A. M. | 4.2 NAME | |
| STREET ADDRESS | 521 3RD AVE NORTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREAT FALLS MT | 4.4 CITY-ST-ZIP | |
| TITLE | ST | 5.1 TITLE | |
| NAME | KING, K | 5.2 NAME | |
| STREET ADDRESS | 110 2ND ST S | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREAT FALLS MT | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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.

SIGNATURE: *Kathleen King* KATHLEEN KING 3/25/98 (406) 727-2600

CR2E034 (10/97)