FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F14393 (5)

1. Corporation Name

GREAT OAK, INC.

Principal Place of Business	Mailing Address
4658 S HWY 17-92 P.O. BOX 422266 KISSIMMEE FL 34742	4658 S HWY 17-92 P.O. BOX 422266 KISSIMMEE FL 34742

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/12/1981
3a. Date of Last Report: 04/25/1995
4. FEI Number: 25-1399053 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

HENRY, WILLIAM J.
4658 WHISPERING PINES BLVD.
KISSIMMEE FL 34758

10. **Name and Address of New Registered Agent**

81 Name: William j Henry Jr
82 Street Address (P.O. Box Number is Not Acceptable): 4658 ~~Whispering Pines Blvd~~
83
84 City: Kissimmee FL 85 Zip Code 34758

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] VP William J. Henry Jr. VP 6-7-96
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	P	☒ DELETE
NAME	LANDERS, ROY	
STREET ADDRESS	RD 1	
CITY-ST-ZIP	NEW ALEXANDRIA, PA 00000	
TITLE	VRA	☒ DELETE
NAME	HENRY, WILLIAM J	
STREET ADDRESS	P.O. BOX 2106, NA	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	S	☒ DELETE
NAME	LATIMER, DALE P	
STREET ADDRESS	PO BOX 292 N/A	
CITY-ST-ZIP	NEW ALEXANDRIA, PA 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Treasurer	☒ Change ☐ Addition
1.2 NAME	Dale P Latimer	
1.3 STREET ADDRESS	PO Box 292 N/A	
1.4 CITY-ST-ZIP	New Alexandria PA 15670	
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	William J Henry Jr	
2.3 STREET ADDRESS	4656 Whispering Pines Blvd	
2.4 CITY-ST-ZIP	Kissimmee FL 34758	
3.1 TITLE	Secretary	☒ Change ☐ Addition
3.2 NAME	Steve Landers	
3.3 STREET ADDRESS	RD #1	
3.4 CITY-ST-ZIP	New Alexandria PA 15670	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature] VP William J. Henry Jr. VP 4-29-96 407 847 8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #