FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



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

ANNUAL REPOR
1996

F9400001017 (2)

DOCUMENT #
1. Corporation Name LIVE OAK, INC.

		<u>-</u>					
Principal Place of	f Business	Mailing Addr	ess				
1532 DUNWOODY VILLAGE PARKWAY SUITE 150 ATLANTA GA 30338		SUITE 150	1532 DUNWOODY VILLAGE PARKWAY SUITE 150 ATLANTA GA 30338				
		ATLANTA				 Date Incorporated or Qualified 02/28/1994 	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
n		26				58-2093843	Not Applicable
Suite, Apt. #,	etc.	Suite, Ap	it.#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27				5 Flanking Controlling Financing	\$5.00 May Be
City & State		City & St	ate			Election Campaign Financing Trust Fund Contribution	Added to Fees
23	Country	28		Country		8. This corporation has liability for	intangible tax under s 199.032,
Zip	Country 25	29		30		Florida Statutes	S □Nº
24	g. Name and Address of Curre		ent			10. Name and Address of New I	Registered Agent
	8. //			B1	Name		
CICOR	PORATION SYSTEM			82	Street An	dress (P.O. Box Number is Not Accepta	ble)
	PINE ISLAND RD.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Subounc	adress v	
	TION FL 33324			83		= 	
LONIA	HOUTE BOOLY			84	City		85 Zip Code
					'	noration submits this statement for the pu pard of directors. I hereby accept the ap	
or registere familiar with	d agent, or both, in the State of Flo h, and accept the obligations of, Ser signature, typed or printed name of registered as:	ction 607.0505, Flo	rida Statutes			pred who rendernj	DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
TITLE	PD		DELETE	1 1 TITLE			C change
NAME	BOWEN, HOWARD E			1.2 NAME			
STREET ADDRESS	1532 DUNWOODY VILLAGI	E PARKWAY			T ADDRESS		
CiTY-ST-ZiP	ATLANTA GA 30338			1.4 CITY -	SI - ZIP		Change Addition
TITLE	VSD	Ĺ.] DELETE	2 1 11116			State Land
NAME	HARVIN, WILLIAM S			2.2 NAME		1532 Dunwoody Village	Pkwy., Suite 150
STREET ADDRESS	4000 CUMBERLAND PARK	WAY			1 ADDAGGG	Atlanta, GA 30338	
CITY-ST-ZIP	ATLANTA GA 30339) DELETE	2.4 CITY-	31-21	Actanta, (at 50555	Change Addition
TITLE	VSD	L	I DEFETE	3 2 NAME			~ -
NAME	HARRISON, JAMES H					5731 Lyons View Drive	. Suite 208
STREET ADDRESS	109 NORTHSHORE DR.				1.	Knoxville, TN 37919	-
CITY-ST-ZIP	KNOXVILLE TN 37919	_ 	DELETE	3.4 CITY - 4.1 TIFLE	31.51		Change Addition
TITLE	D CHIDEC EDANKIN M	L	_ */****	4 2 NAME	I		
NAME	SHIPES, FRANKLIN M 1117 PERIMETER CENTER	WEST			F F ADDRESS		
STREET ADDRESS		HEOI		4 4 CITY	1		
CHTY-ST-ZIP	ATLANTA GA 30338		7 DELETE	5 1 TiTul			Change Addition
TITLE		_	_	5 2 NAM			
NAME					ET ADDRESS		
STREET ADDRESS				5.4 CITY			
CITY-SI-ZIP TITLE			DELETE	5 1 TITL		6000017 -03/26/960	Change Addition
i				6.2 NAM		- <u>03728798-</u> -0	1031004
NAME				1	ET ADDRESS	***200.00 ***200.00	

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)tk), 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 an attachment with an address.

6.4 CiTY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-94 (710) 671-8270