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 # **G17246** **(1)**

1. Corporation Name

WATER OAKS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1255 N. VANTAGE PT. DRIVE P.O. BOX 2600 CRYSTAL RIVER FL 34429 US	1255 N. VANTAGE PT. DRIVE P.O. BOX 2600 CRYSTAL RIVER FL 34423 US

3. Date Incorporated or Qualified: **12/30/1982**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2268983** ☐ 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

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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PATEL, CHANDRA A.
1675 CROOKED BRANCH DR.
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 617.1502, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PORTER, EARL D.		12 NAME	
STREET ADDRESS	2976 VIAJE PAVO REAL		13 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE NM		14 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CARNAHAN, JEFFREY D		22 NAME	
STREET ADDRESS	7149 W. PINEBROOK STREET		23 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		24 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PATEL, CHANDRA A.		32 NAME	
STREET ADDRESS	1675 CROOKED BRANCH DR.		33 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that this information is supplied with this report voluntarily, has checked and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Chandra Patel 4/3/96 (352) 795-2362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)