FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 27 AM 11:16

DOCUMENT # G56567 (2)

1. Corporation Name
OAK CREEK GROVE INC.

Principal Place of Business	Mailing Address
104 N.EVERS STREET P.O.BOX 1119 PLANT CITY FL 33564	104 N.EVERS STREET P.O.BOX 1119 PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1983
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21: 2815 HAMMOCK DR.
Suite, Apt. #, etc. 22:
City & State 23: PLANT CITY FL
Zip 24: 33567 Country 25: Hillsborough

2a. Mailing Address
26: 2815 HAMMOCK DR.
Suite, Apt. #, etc. 27:
City & State 28: Plant City Fl.
Zip 29: 33567 Country 30: Hillsborough

4. FEI Number: 59-2336918 ☐ 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

EDWARDS, ROBERT S
104 NORTH EVERS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name: Robert S Edwards
82 Street Address (P.O. Box Number is Not Acceptable): Hammock Dr. 2815
83:
84 City: Plant City, FL 85 Zip Code: 33567

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 Mch 23, 1995
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD EDWARDS, ROBERT S 1102 WEST CHERRY ST PLANT CITY, FL 00000	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VP Dir Robert S,EDwards 2815 Hammock Dr Plant City, Fl 33567	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Pres & Sec Dir Robert S Edwards Jr. 805 Woodlawn Av Plant City, Fl 33566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: Robert S Edwards 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

Robert S. Edwards 813-752-2740
Typed or printed name of individual — Daytime telephone number

0287405 CP