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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90167 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G88400

1. Corporation Name
TRI-CITY OAKS, INC.

Principal Place of Business

PO BOX 610
 ALACHUA FL 32615
 US

Mailing Address

PO BOX 610
 ALACHUA FL 32615
 US **32616**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1984

4. FEI Number
59-2422283

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MULLEN, JOHN L.
11504 NW 136TH ST
GAINESVILLE FL 32615

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
 NAME: **MULLEN, JOHN L.**
 STREET ADDRESS: **2727 NW 43RD STREET**
 CITY-ST-ZIP: **GAINESVILLE FL**

TITLE: **D** DELETE
 NAME: **NESMITH, M. ARTHUR, JR.**
 STREET ADDRESS: **8400 SW 24TH AVENUE**
 CITY-ST-ZIP: **GAINESVILLE FL**

TITLE: **D** DELETE
 NAME: **GOLDFADEN, STEPHEN L.**
 STREET ADDRESS: **1905 NW 13TH STREET**
 CITY-ST-ZIP: **GAINESVILLE FL**

TITLE: **D** DELETE
 NAME: **CASSISI, ELAYNE E.**
 STREET ADDRESS: **3105 SW 5TH COURT**
 CITY-ST-ZIP: **GAINESVILLE FL**

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

John L. Mullen **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
 Date

904-462-2045
 Daytime Phone #

CR2E034 (11/98)