

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H11476 (9)

1. Corporation Name

PETE'S OASIS, INC.



Principal Place of Business

Mailing Address

17 AVENUE D  
APALACHICOLA FL 32320

17 AVENUE D  
APALACHICOLA FL 32320

3. Date Incorporated or Qualified

07/09/1984

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2421536

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATKINS, J. BEN  
41 COMMERCE STREET  
APALACHICOLA FL 32320

81 Name

JAN J. HEVIER

82 Street Address (P.O. Box Number is Not Acceptable)

41 COMMERCE STREET

83

84 City

APALACHICOLA

FL

85

Zip Code

32320

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 JAN J. HEVIER

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

NOTE: Registered Agent Signature required when reinstating

DATE

6/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME WILSON, DONALD W.  
STREET ADDRESS HWY 98 WEST  
CITY-ST-ZIP APALACHICOLA FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PRESIDENT - DIRECTOR  
1.2 NAME DONALD E. THOMPSON, JR.  
1.3 STREET ADDRESS 17 AVENUE D  
1.4 CITY-ST-ZIP APALACHICOLA FL 32320 ☒ Change ☐ Addition

2.1 TITLE SECRETARY - TREASURER - DIRECTOR  
2.2 NAME JUDITH A. THOMPSON  
2.3 STREET ADDRESS 17 AVENUE D  
2.4 CITY-ST-ZIP APALACHICOLA, FL 32320 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DONALD E. THOMPSON JR., Donald E. Thompson Jr. 6-11-96 (904) 653-9216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Block #

CR2E034 (3/96)