FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 20 1997 8:00am
Secretary of State

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

FOR PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # H24567 (0)

1. Corporation Name
OAK HILLS GOLF AND COUNTRY CLUB INC.

Principal Place of Business
10059 N. CLIFF BLVD.
SPRING HILL FL 34608

Mailing Address
2550 N. LOOP WEST
SUITE 400
HOUSTON TX 77092-8908

3. Date Incorporated or Qualified: 10/05/1984
3a. Date of Last Report: 03/30/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: 59-2450052 ☐ 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
KETTLE, JOHN
~~1916 OCEAN DR.~~
VERO BEACH FL 32963

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5284 ISLEWORTH COUNTRY CLUB DR
83
84 City WINDEMERE FL 85 Zip Code 34786

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 J E Kettle (See instructions for who must sign) (NOTE: Registered Agent signature required when reinstating) DATE 3-11-97

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	KETTLE, JOHN	
STREET ADDRESS	1916 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	☐ DELETE
NAME	FLOYD, RAYMOND	
STREET ADDRESS	24 INDIAN CREEK ISLANDS	
CITY-ST-ZIP	MIAMI BCH FL 33154	
TITLE	SD	☐ DELETE
NAME	FLOYD, MARIA	
STREET ADDRESS	24 INDIAN CREEK ISLANDS	
CITY-ST-ZIP	MIAMI BCH FL 33154	
TITLE	VPD	☒ DELETE
NAME	GREY, EARL	
STREET ADDRESS	20191 E COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL 33180	
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	5284 ISLEWORTH COUNTRY CLUB DR	
1.4 CITY-ST-ZIP	WINDEMERE, FL 34786	
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		

CR2E034 (9/96)

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 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 a director or officer 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 attached sheet, with an address.

SIGNATURE: J E Kettle 3-11-97 352-683-6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0495712