## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham / Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 (0)DOCUMENT # CROOKED OAK CORPORATION Principal Place of Business Mailing Address 2549 MARSTON RD. 2549 MARSTON RD. PO BOX 13485 TALLAHASSEE FL 32317 PO BOX 13485 TALLAHASSEE FL 32317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1984 2. Principal Place of Business 2a. Mailing Address Applied For 59-2477637 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Żιρ 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Talley, Herbert W., Sr. 2549 MARSTON RD. Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 13485-TALLAHASSEE FL 32308 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 trie if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE TALLEY, HERBERT W., SR. 1.2 NAME NAME P O BOX 13485 N/A STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE TALLEY, ANNIE E. NAME 2.2 NAME 2549 MARSTON RD 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETÉ 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 furstee 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

**FILED** 

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