

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -9 AM 8:12

DOCUMENT # H33067

(0)

1. Corporation Name

5 OAKS INDUSTRIAL PARK, INC.

Principal Place of Business

Mailing Address

% RONNIE PRESSLEY  
5231 BLACKJACK CIRCLE  
PUNTA GORDA FL 33982

% RONNIE PRESSLEY  
5231 BLACKJACK CIRCLE  
PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/07/1984

04/21/1994

4. FEI Number

Applied For

59-2480401

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 25191 E. Olympia Ave

26 Suite, Apt. #, etc.

22 PUNTA GORDA, FL

27 City & State

23 33950 - Charlotte

28 Zip

24 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESSLEY, RONNIE  
5231 BLACKJACK CIRCLE  
PUNTA GORDA FL 33982

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  
or registered agent, or both, in  
familiar with, and accept the of

es, the above-named corporation submits this statement for the purpose of changing its registered office  
ed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature, typed or printed is

Registered Agent signature required when reinstating

DATE

12.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

PRESSLEY, RONNIE

5231 BLACKJACK CIRCLE

PUNTA GORDA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS

PRESSLEY, SHARON

5231 BLACKJACK CIRCLE

PUNTA GORDA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 proprietor 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-95

941-657-6954