

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H78107 (0)**

1. Corporation Name:  
**OSLO RIDGE, INC.**



Principal Place of Business <b>1212 CHEROKEE CT KISSIMMEE FL 34744 - 2905</b>	Mailing Address <b>1212 CHEROKEE CT KISSIMMEE FL 34744-2905</b>
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3. Date Incorporated or Qualified <b>09/27/1985</b>		3a. Date of Last Report <b>04/08/1996</b>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2585252</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

**CHARLOTTE S LAWHON  
1212 CHEROKEE COURT  
KISSIMMEE FL 34744 - 2905**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>FORD, PATRICIA ANNE</b>	
STREET ADDRESS	<b>1212 CHEROKEE COURT</b>	
CITY - ST - ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWHON, CHARLOTTE</b>	
STREET ADDRESS	<b>1212 CHEROKEE COURT</b>	
CITY - ST - ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>EDENFIELD, ROBERT A</b>	
STREET ADDRESS	<b>200 SANDRA DEL MAR</b>	
CITY - ST - ZIP	<b>MANDEVILLE LA 70448</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EDENFIELD, CHARLES L</b>	
STREET ADDRESS	<b>14148 STOKESMOUNT</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77077</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>28155 Creole Road</b>
3.3 STREET ADDRESS	<b>LaCombe, LA 70445</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Patricia A. Ford* 1-20-97 (407) 847-3985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PATRICIA A. FORD** Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)