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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H82938

1. Corporation Name
OATS REALTY, INC.

Principal Place of Business	Mailing Address
3285-A PLACIDA RD P O BOX 3246 ENGLEWOOD FL 34224 US	P.O. BOX 3246 P O BOX 3246 PORT CHARLOTTE FL 33949 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/28/1985

2. Principal Place of Business	2a. Mailing Address
21 228 S. INDIANA AVE	26 P.O. BOX 3246
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Englewood, FL	28 PT. CHARLOTTE, FL
24 Zip 34223 25 Country USA	29 Zip 33949 30 Country USA

4. FEI Number: 59-2588731 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OATHOUT, LARRY
2362 RISKEN TERR
PORT CHARLOTTE FL 33981

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☒ DELETE	1.1 TITLE	PVST	☒ Change ☐ Addition
NAME	OATHOUT, GLENDA		1.2 NAME	OATHOUT, LARRY	
STREET ADDRESS	2362 RISKEN TER		1.3 STREET ADDRESS	2362 RISKEN TER	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OATHOUT, LARRY		2.2 NAME		
STREET ADDRESS	2362 RISHEN TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: Larry Oathout REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)