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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:05

DOCUMENT # J42044 (4)

1. Corporation Name
GREAT OAK DEVELOPERS, INC.

Principal Place of Business	Mailing Address
9105 SE DELAFIELD STREET HOBE SOUND FL 33455-7717 US	9105 SE DELAFIELD ST. HOBE SOUND FL 33455-7717 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0024022 ☐ 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

LEBLEU, JAMES B.
9105 SE DELAFIELD STREET
HOBE SOUND FL 33455

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: D NAME: WILKES, JERRY W. STREET ADDRESS: 8669 WOODWIND STREET CITY-ST-ZIP: HOBE SOUND FL — delete	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DPC NAME: LEBLEU, JAMES B. STREET ADDRESS: 9105 S.E. DELAFIELD ST. CITY-ST-ZIP: HOBE SOUND FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DT NAME: WILKES, J. MARK STREET ADDRESS: 1518 BECONS FIELD CITY-ST-ZIP: SAN ANTONIO TX	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: STONE, HILTON STREET ADDRESS: 6387 VIA TOWNSEND CITY-ST-ZIP: WEST PALM BEACH FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DVS NAME: BARKER, ROBERT D. STREET ADDRESS: ~~116 SEABROOK~~ 8590 SE Wilkes Pl. CITY-ST-ZIP: ~~JUNO FL~~ Hobe Sound Fl 33455	5.1 TITLE: DVS 5.2 NAME: Barker, Robert D. 5.3 STREET ADDRESS: 8590 SE Wilkes PL 5.4 CITY-ST-ZIP: Hobe Sound FL 33455 ☒ Change ☐ Addition
TITLE: D NAME: RANDALL, BRUCE STREET ADDRESS: 173 STAPLETON ROAD CITY-ST-ZIP: SPRINGFIELD MA — delete	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: James B. LeBleu James B. LeBleu 7/28/95 (407) 691-2755
SIGNATURE AND TYPED OR PRINTED NAME OF MICHIGAN OFFICER OR DIRECTOR — Date — Daytime Phone #

0181107 — FP