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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Feb 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # GREAT OAK DEVELOPERS, INC. Principal Place of Business Mailing Address 9105 SE DELAFIELD STREET 9105 SE DELAFIELD ST. HOBE SOUND FL 33455-7717 HOBE SOUND FL 33455-7717 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0024022 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. 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 This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 26 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEBLEU, JAMES B. 9105 SE DELAFIELD STREET Street Address (P.O. Box Number is Not Acceptable) **HOBE SOUND FL 33455** 83 84 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE LEBLEU, JAMES B. 1.2 NAME NAME 9105 S.E. DELAFIELD ST. 1.3 STREET ADDRESS STREET ADDRESS HOBE SOUND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2171718 NAME WILKES, J. MARK 2.2 NAME 1518 BECONS FIELD STREET ADDRESS 2.3 STREET ADDRESS SAN ANTONIO TX CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STONE, HILTON 32 NAME 6387 VIA TOWNSEND STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE BARKER, ROBERT D 4. 2 NAME NAME STREET ADDRESS 8590 SE WILKES PL 4.3 STREET ADDRESS HOBE SOUND FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE

6.2 NAME

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 chapter or on an attachment with an address

**6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

511 691-2755