

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J46101 (8)

1. Corporation Name

OAK HILL DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

~~OAK HILL DEVELOPMENT CORP.~~
POST OFFICE BOX 465
FARMINGDALE NJ 07727

~~OAK HILL DEVELOPMENT CORP.~~
POST OFFICE BOX 465
FARMINGDALE NJ 07727

3. Date Incorporated or Qualified

12/09/1986

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

21 5050 Industrial Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Wall Township N.J.

24 Zip

07719

Country

25 Monmouth

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-2745861

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

WILKINS, ROBERT C., JR.
230 LOOKOUT PLACE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

Thomas Scanlon

82 Street Address (P.O. Box Number is Not Acceptable)

650 A Building Citrus Center

83

255 S South Orange Ave #1600

84 City

Orlando

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 the registered agent's signature required when re-registering

DATE

5/9/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARKRADER, JOHN P., JR.
STREET ADDRESS 5050 INDUSTRIAL RD.
CITY-ST-ZIP FARMINGDALE, NJ 07727

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/96

906-938-7277

Date

Daytime Phone

CR2E034 (12/95)