

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

000367

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90021 040 ***150.00

DOCUMENT # J46101

1. Corporation Name

OAK HILL DEVELOPMENT CORPORATION

Principal Place of Business

5050 INDUSTRIAL RD.
ENWALL NJ 07719
US

Mailing Address

P.O. BOX 465
FARMINGDALE NJ 07727
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1986

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

2. Principal Place of Business

21 5050 Industrial Rd
Suite, Apt. #, etc.

22 City & State
23 Wall Township, N.J.

24 Zip Country
07719 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

SHUGHART, JR E JOHN A
604 COURTLAND ST SUITE 320
255 SOUTH ORANGE AVE #1600
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name Shughart Jr John A. % Mathew's Rail & DeCubellis, P
82 Street Address (P.O. Box Number is Not Acceptable)
255 South Orange Ave
83 Suite 801
84 City Orlando FL 85 Zip Code 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME HARKRADER, JOHN P., JR.
STREET ADDRESS 5050 INDUSTRIAL RD.
CITY-ST-ZIP ENWALL NJ 07719

TITLE VD ☐ DELETE
NAME HARKRADER, LINDA A
STREET ADDRESS P O BOX 14 407 PLYMOUTH RD
CITY-ST-ZIP GWYNNED VALLEY PA 19437

TITLE SD ☐ DELETE
NAME WESTRUM, DEBORAH H
STREET ADDRESS 6025 JOSHUA RD
CITY-ST-ZIP FT WASHINGTON PA 19034

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 Wall Township N.J. 07719

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)