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

Feb 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)J49880 NORTHEAST OAKS MANAGEMENT, INC. Mailing Address Principal Place of Business 1191-45TH AVE NE 1191-45TH AVE NE ST PETERSBURG FL 33703 238-SATH-AVE-N DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33703 3. Date Incorporated or Qualified 12/24/1986 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 1191-454 59-2774130 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be ST. PETERSBURG, 28 Trust Fund Contribution Added to Fees 23 Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No 33703 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORBIN, CHARLES J. 1191-45TH AVE NE Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33703 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, □ DELETE Change Addition TITLE 1.1 TITLE CORBIN CHARLES J. CORBIN, CHARLES J. 1.2 NAME NAME 1191-4540 AVE NE 1191-45TH AVE NE 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 City-ST-ZIP ST. PETERSBURG, I CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE **GELINEAU**, MELISSA NAME 2.2 NAME 1191-45TH AVE NE 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME SUSAN TURNER CORBIN 3.2 NAME STREET ADDRESS 1191-45TH AVE NE 3.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Сһапде Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

■ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition

**FILED**