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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 APR -4 PM 6:26

DOCUMENT # **K07830** **(8)**

1. Corporation Name
OAK LEAF PROPERTIES, INC.

Principal Place of Business	Mailing Address
226 TROY ST. N.E. FT. WALTON BEACH FL 32548	226 TROY ST. N.E. FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/16/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-2860032** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25: Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WYATT, H. KIRK
102 DRIFTWOOD DR.
FT. WALTON BEACH FL

10. Name and Address of New Registered Agent

81 Name: James G. Etheredge
82 Street Address (P.O. Box Number is Not Acceptable): 226 Troy Street, N.E.
83:
84 City: Ft. Walton Beach, FL 85 Zip Code: 32548

11. Pursuant to the provisions of Section 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: James G. Etheredge D S T — 3/14/95
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLINGSWORTH, GERALD M. 233 PATRICK DR. FT. WALTON BEACH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D P	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ETHEREDGE, JAMES G. 226 TROY STREET N.E. FT. WALTON BEACH FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D S T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYATT, JAMES E. G. 439 GREEN ACRES RD FT. WALTON BEACH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	Delete	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WYATT, H. KIRK 439 GREEN ACRES RD FT. WALTON BEACH FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	Delete	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, HAROLD O 907 SARA DR FT. WALTON BEACH FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D V	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary (optional) and I do 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 added to the report with an address.

SIGNATURE: X — 3/14/95 — (904) 244-0171
SIGNATURE AND TITLE OR PRINTED NAME OF BEING OFFICER OR DIRECTOR — Date — Daytime Phone #
James G. Etheredge

047044 FP