FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 22 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 # K07830 (8)OAK LEAF PROPERTIES, INC. Principal Place of Business Mailing Address 226 TROY ST. N.E. 226 TROY ST. N.E. FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2860032 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes □ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ETHEREDGE, JAMES G 226 TROY STREET NE Street Address (P.O. Box Number is Not Acceptable) 82 FT WALTON BEACH FL 32548 В3 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE **X** Change Addition 1.1 TITLE TITLE HOLLINGSWORTH, GERALD M. 1,2 NAME NAME 233 PATRICK DR. STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ETHEREDGE, JAMES G. NAME 22 NAME 226 TROY STREET N.E. 2.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE D P Change Addition 3.1 TITLE TITLE PHILLIPS, HAROLD O NAME 3.2 NAME 907 SARA DR STREET ADDRESS 3.3 STREET ADDRESS FT. WALTON BEACH FL 3 4. CITY-ST-ZIP Shalimar, FL 32569 CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP by does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information of the first price and accurate and that my signature shall have the same legal effect as if made under oath; that I am an energy empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in than address. 14. Thereby certify that the information supplied with this filling indicated on this annual report or supplimental annual supplied for or director of the corporation or the receiver of the Block 12 or Block 13 if changes or on an attackers with

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Jan 13, 1998 Sec/Tresc (850)244-0178

Change

Addition