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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K08941 (2)
1. Corporation Name
LIVE OAK ENTERPRISES, INC.



Principal Place of Business

C/O ROSS, CHARLES
8370 40TH AVENUE NORTH
ST. PETERSBURG FL 33709
US

Mailing Address

C/O ROSS, CHARLES
8370 40TH AVENUE NORTH
ST. PETERSBURG FL 33709
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1987

4. FEI Number

59-2873073

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, CHARLES W.
5933 GULFPORT BLVD.
GULFPORT FL 33707

81 Name

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

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME ROSS, CHARLES W.
STREET ADDRESS 5933 GULFPORT BLVD.
CITY-ST-ZIP GULFPORT FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8370 40 Ave N.
1.4 CITY-ST-ZIP St. Petersburg, FL

TITLE DVPS
NAME TOMASELLI, KATHRN
STREET ADDRESS 5933 GULFPORT BLVD.
CITY-ST-ZIP GULFPORT FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8370 40 Ave N.
2.4 CITY-ST-ZIP St. Petersburg, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

[Signature] 1/15/98 8:13:38/12/98

CR2E034 (10/97)