

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K63520 (6)

1. Corporation Name

OAKLEY LANDSCAPING, INC.



Principal Place of Business

Mailing Address

417 MELODY CIR.
418 MELODY CIRCLE
SARASOTA FL 34237

417 MELODY CIR.
418 MELODY CIRCLE
SARASOTA FL 34237

2. Principal Place of Business

2a. Mailing Address

21 5633 Nutmeg Avenue

26 5633 Nutmeg Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 SARASOTA FL

27 City & State
28 SARASOTA FL

24 Zip 34231 25 Country SARASOTA

29 Zip 34231 30 Country SARASOTA

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0097967

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MESSINA, VINCENT
417 MELODY CIR.
SARASOTA FL 34237

81 Name GARY T. Oakley
82 Street Address (P.O. Box Number is Not Acceptable)
5633 Nutmeg Avenue
83
84 City SARASOTA FL 85 Zip Code 34231

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

GARY T. Oakley

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME OAKLEY, GARY T.
STREET ADDRESS 5633 NUTMEG
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE VP
NAME JENKINS, CORNELIUS
STREET ADDRESS 2182 WOOD STREET
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE VP
NAME BURR, RANDALL
STREET ADDRESS 2906 VINSON AVENUE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE VP
NAME MINQUES, JOHN
STREET ADDRESS 3880 GREENWAY, #308
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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 ADAMS, BRIAN
5.3 STREET ADDRESS 6007 S. LOCKWOOD RIDGE RD
5.4 CITY-ST-ZIP SARASOTA, FL 34231

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee or person ordered 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:

GARY T. Oakley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

941-346-1654

Daytime Phone #

CR2E034 (12/95)