

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K63520 (6)**

1. Corporation Name
OAKLEY LANDSCAPING, INC.



Principal Place of Business: 417 MELODY CIR. 418 MELODY CIRCLE SARASOTA FL 34237
Mailing Address: 417 MELODY CIR. 418 MELODY CIRCLE SARASOTA FL 34237

2. Principal Place of Business: 21 5633 Nutmeg Avenue, Suite, Apt. #, etc. 22 SARASOTA, FL 34231
2a. Mailing Address: 26 5633 Nutmeg Avenue, Suite, Apt. #, etc. 27 SARASOTA, FL 34231

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0097967
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

g. Name and Address of Current Registered Agent: MESSINA, VINCENT 417 MELODY CIR. SARASOTA FL 34237

10. Name and Address of New Registered Agent: 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. (NEVER Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, GARY T.	12 NAME	
STREET ADDRESS	5633 NUTMEG	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, CORNELIUS	22 NAME	
STREET ADDRESS	2192 WOOD STREET	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, RANDALL	32 NAME	
STREET ADDRESS	2906 VINSON AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINQUES, JOHN	42 NAME	
STREET ADDRESS	3880 GREENWAY, #308	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	ADAMS, BRIAN
STREET ADDRESS		53 STREET ADDRESS	6007 S. LOCKWOOD RIDGE RD
CITY-ST-ZIP		54 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: GARY T. OAKLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-30-96
Daytime Phone #: 941-346-1654

CR2E034 (12/95)