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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L17802** **(4)**

1. Corporation Name

OAK-CHEM LIMITED, INC.

Principal Place of Business	Mailing Address
91 SAN JUAN DR #1-3 PONTE VERDA BEACH FL 32082 US	BOX 343 PONTE VERDA BEACH FL 32004 US

3. Date Incorporated or Qualified: **09/20/1989**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **59-2968350** [ ] 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 intangibles tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business

21 303 PABLO RD

Suite, Apt. #, etc.

22

City & State: 23 Ponte Vedra, FLA

Zip: 24 32082 Country: 25 USA

2a. Mailing Address

26 303 PABLO RD

Suite, Apt. #, etc.

27

City & State: 28 PONTE VEDRA, FLA

Zip: 29 32082 Country: 30 USA

9. Name and Address of Current Registered Agent

LIVENGOOD, DOLORES O
91 SAN JUAN DR. #1-3
PONTE VEERDA BEACH FL 32082

10. Name and Address of New Registered Agent

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 Section 607.1916 and 617.1916, 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: Dolores O. Livengood Dolores O. LIVENGOOD, Director, Vice Pres. DATE: 1/25/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVENGOOD, JOHN C. 91 SAN JUAN DRIVE, #1-3 PONTE VEDRA BEACH FL	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVENGOOD, DOLORES O. 91 SAN JUAN DRIVE, #1-3 PONTE VEDRA BEACH FL	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
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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

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		[ ] Change [ ] Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		[ ] Change [ ] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		[ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		[ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

14. I 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)(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, above.

SIGNATURE: Dolores O. Livengood, Dolores O. LIVENGOOD Director 1/25/96 (904)285-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Area Code & Daytime Phone #