

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

L36933

SEVEN OAKS, INC.

Principal Place of Business

Mailing Address

P O BOX 121312
CLERMONT, FLA 34712

2. Principal Place of Business

2a. Mailing Address

21 15877 Cty Rd 565A

26 P O Box 121312

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Clermont, Florida

28 Clermont, Florida

Zip

Country

Zip

Country

24 34712

25

29 34712

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. 12/15/1989

4/1/95

Applied For
Not Applicable

59-2988857

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

MAINES, FRANK L.

P O Box 121334

Clermont, FL 34712

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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P/D President/DIRECTOR
Maines, Frank L

STREET ADDRESS P O Box 121334

CITY-STATE-ZIP Clermont, Fla 34712

TITLE ☐ DELETE

NAME S/T/D Secretary, Treasurer/DIRECTOR
Heisner, James R

STREET ADDRESS P O Box 121312

CITY-STATE-ZIP Clermont, FL 34712

TITLE ☐ DELETE

NAME D DIRECTOR
Epps, Arnold L

STREET ADDRESS P O Box 485

CITY-STATE-ZIP Groveland, FL 34738

TITLE ☐ DELETE

NAME D DIRECTOR
Marra, Joseph J Sr.

STREET ADDRESS P O Box 120595

CITY-STATE-ZIP Clermont, FL 34712

TITLE ☐ DELETE

NAME D DIRECTOR
McFarland, Ralph E Jr

STREET ADDRESS P O Box 120846

CITY-STATE-ZIP Clermont, FL 34712

TITLE ☐ DELETE

NAME D DIRECTOR
McGuire, Harold E

STREET ADDRESS P O Box 121254

CITY-STATE-ZIP Clermont, FL 34712

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 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 in an attachment with an address.

SIGNATURE:

Frank L. Maines

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

Daytime Phone #

CR2E034 (12/95)