FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00 Amend

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L31933 (4)

1. Corporation Name
SEVEN OAKS, INC.

Principal Place of Business
15877 Cty Rd 565A
Clermont, Fla 34712
US

Mailing Address
P O Box 121312
Clermont, Fl 34712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24 | Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29 | Country 30

3. Date Incorporated or Qualified
12/15/1989

4. FEI Number
59-2988857
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
Maines, Frank L
15877 CR 565A
Clermont, Fl 34712

10. Name and Address of New Registered Agent
81 Name
Marra, Joseph J Sr.
82 Street Address (P.O. Box Number is Not Acceptable)
15877 Cty Rd 565A
84 City
Clermont, FL
85 Zip Code
34712

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] Frank L Maines 4-14-99
DATE 4/14/99

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	Epps, Arnold L	
STREET ADDRESS	P O Box 485 n/a	
CITY-ST-ZIP	Groveland, Fl	
TITLE	D, STD	[ ] DELETE
NAME	Heisner, James R	
STREET ADDRESS	P O Box 121314 n/a	
CITY-ST-ZIP	Clermont, Fl 34712	
TITLE	D	[ ] DELETE
NAME	Maines, Frank L	
STREET ADDRESS	P O Box 121334 n/a	
CITY-ST-ZIP	Clermont, Fl 34711	
TITLE	D P	[ ] DELETE
NAME	Marra, Joseph, J Sr	
STREET ADDRESS	P O Box 120595 n/a	
CITY-ST-ZIP	Clermont, Fl 34712	
TITLE	D	[ ] DELETE
NAME	McGuire, Harold E	
STREET ADDRESS	P O Box 121254 n/a	
CITY-ST-ZIP	Clermont, Fl 34712	
TITLE	D	[ ] DELETE
NAME	McFarland, Ralph E Jr	
STREET ADDRESS	P O Box 846 n/a	
CITY-ST-ZIP	Clermont, Fl 34712	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	[ ] Change [X] Addition
1 2 NAME	Turner, Lauranna B	
1 3 STREET ADDRESS	15877 Cty 565A	
1 4 CITY-ST-ZIP	Clermont, Fl 34711	
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		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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4/19/99

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] FRANK L. MAINES 4-14-99 NEBSNEF. 352-394-5144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR