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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90068 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M69316

1. Corporation Name  
**MAJESTIC OAKS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 6028 SW SR 200 6028 SW SR 200  
 Ocala FL 34476 Ocala FL 34476  
 US US

3. Date Incorporated or Qualified  
**02/15/1988**

2. Principal Place of Business 2a. Mailing Address  
 21 **PO Box 6500** 26 **PO Box 6500**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For  
**59-2907607** Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 **34478** 25 Country 29 **34478** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**WHITTEN**  
**WHITTER, RACHEAL**  
**3765 SE 67TH PLACE**  
**OCALA FL 34480**

10. Name and Address of New Registered Agent  
 81 Name **correct spelling last name WHITTEN**  
 82 Street Address (P.O. Box Numbers 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 **Racheal Whitten** **Racheal Whitten** **4/23/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD BERN, HERMAN</b>	1.2 NAME	
STREET ADDRESS	<b>6028 SW HWY 200</b>	1.3 STREET ADDRESS	<b>PO Box 6500</b>
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD GRIMALDO, RODRIGO</b>	2.2 NAME	
STREET ADDRESS	<b>6028 SW HWY 200</b>	2.3 STREET ADDRESS	<b>PO Box 6500</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD DEBERN, MIRIAM B</b>	3.2 NAME	
STREET ADDRESS	<b>6028 SW HWY 200</b>	3.3 STREET ADDRESS	<b>PO Box 6500</b>
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD BELL, MICAELA</b>	4.2 NAME	
STREET ADDRESS	<b>6028 SW HWY 200</b>	4.3 STREET ADDRESS	<b>PO Box 6500</b>
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]** **SIGNATURE REQUIRED** **4/23/99** **352-867-0559**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)