

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90003 013 \*\*\*140.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N31381</b> 1. Corporation Name <b>OAK COVE, INC.</b> <b>OCT</b>			
Principal Place of Business <b>420 BAY AVENUE</b> <b>CLEARWATER FL 34616</b>		Mailing Address <b>420 BAY AVENUE</b> <b>CLEARWATER FL 34616</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/27/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3016707	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCHALE, GERARD A JR 1601 JACKSON ST SUITE 200 FT MYERS FL 33901				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reissuing)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	MCHALE, GERARD A JR			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	1601 JACKSON ST #200			12 NAME			
CITY-ST-ZIP	FT MYERS FL 33901			13 STREET ADDRESS			
TITLE	DS	<input type="checkbox"/> DELETE		14 CITY-ST-ZIP			
NAME	GIBSON, JAMES			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	1150 EIGHTH AVE SW			22 NAME			
CITY-ST-ZIP	LARGO FL 33770			23 STREET ADDRESS			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		24 CITY-ST-ZIP			
NAME	SPARKS, CHARLES			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	11981 PROSPERITY FARMS ROAD			32 NAME			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			33 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		34 CITY-ST-ZIP			
NAME				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				42 NAME			
CITY-ST-ZIP				43 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		44 CITY-ST-ZIP			
NAME				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				52 NAME			
CITY-ST-ZIP				53 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		54 CITY-ST-ZIP			
NAME				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				62 NAME			
CITY-ST-ZIP				63 STREET ADDRESS			
				64 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 617, 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: *Gerard A Mc Hale* (441) 337-0300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)