

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000056570 (3)**

1. Corporation Name
OAKVEST II, INC.



Principal Place of Business

**3603 CLARK ROAD
SARASOTA FL 34233
US**

Mailing Address

**PO BOX 19465
SARASOTA FL 34276
US**

3. Date Incorporated or Qualified
08/06/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business
21 **5100 87th St. E.**

2a. Mailing Address
26 **5100 87th St. E.**

4. FEI Number
65-0483415

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State
Bradenton, Fl.

28 City & State
Bradenton, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip
34202

25 Country
USA

29 Zip
34202

30 Country
USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOGAN, PATRICK M
3603 CLARK ROAD
SARASOTA FL 34233**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5100 87th St. E.

83
Bradenton, Fl. 34233

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HUNT, ROBERT A
3603 CLARK ROAD
SARASOTA FL**

☒ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**President
Robert Lotmore
IDB House, East Bay Street
Nassau, Bahamas**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**Vice Pres./Secretary
John Hulland
IDB House, East Bay Street
Nassau, Bahamas**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

**Vice President
Patrick Hogan
5100 87th St. E.
Bradenton, Fl. 34202**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-96

Daytime Phone #

(941) 758-2424

CR2E034 (12/95)