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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300056570 1. Corporation Name

OAKVEST II, INC.

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90085 038 ***150.00



Principal Place of Business Mailing Address							(1001100) ing iniga titu aarit aarit aan				
5100 87TH STREET EAST BRADENTON FL 34202 US 5100 87TH STREET EAST BRADENTON FL 34202 US						DO NOT WRITE IN THIS SPACE					
03		0.	,				3. Date Incorporated or Qualifed				
							08/06/1993				
2. Principal Pl	ace of Business	2a	, Mailing Address			•.	4. FEI Number		Ap	olied For	
21		26	.				65-0483415		No	Applicable	
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.					\$		dditional	
22		27					5. Certificate of Status Desired		Fee Re	quired	
City & State	9		City & State				6. Election Campaign Financing	5	5.00	Mav Be	
23		28					Trust Fund Contribution	-	Added to	, ,	
Zip	Country				itry		8. This corporation owes the current year	Intangit	ole .	}	
24	25 29 30						Personal Property Tax.	· · · · · · · · · · · · · · · · · · ·			
	9. Name and Address of Curre			<u> </u>			10. Name and Address of New Registere	d Ager	ıt		
				-	81	Name					
HOGAN, PATRICK M					00	Street Address (P.O. Box Number is Not Acceptable)					
5100 87TH STREET EAST					82	Street Add	dress (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34233				F	83	3					
				L							
					84	City	F	85	5 Zip C	Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Flori	da. Such change was auth	nonzed	by i	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of chan	ging its nt as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title	if applicable. (NOTE: Re	egistered /	Agent	t signature requi	red when reinstating) DATE			\	
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS	AND D	RECTO	RS IN 12	
TITLE	Р		☐ DELETE	1.1 TIT	Ę				Change	☐ Addition	
NAME	LOTMORE, ROBERT			1.2 NA	ИE						
STREET ADDRESS	IDD LIGHTS STAT BAY OFFEET				1.3 STREET ADDRESS					ļ	
CITY-ST-ZIP				1.4 CIT	1.4 CITY-ST-ZIP						
TITLE	VPS DELETE			•	2.1 TITLE				Change	☐ Addition	
NAME	HULLARD, JOHN			2.2 NAJ	ИF						
	. IDB:HOUSE/EAST.BAY=STREE	T				ADDRESS ===		· ·			
STREET ADDRESS		.				1					
CITY-ST-ZIP	10.007.0 13.1				2. 4 CITY-ST-ZIP 3.1 TITLE			П	Change	Addition	
TITLE			Check	3.2 NA					•	_	
NAME '	HOGAN, PATRICK					1000000				{	
STREET ADDRESS	5100 87TH STREET EAST					ADDRESS				}	
CITY-ST-ZIP	BRADENTON FL 34202		Decem	3.4. CIT		T-ZIP			Change	Addition	
TITLE			☐ DELETE	4.1 TITI	LE.	}		<u>ا</u>	onalige.		

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

Change

Change

Addition

☐ Addition