

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000056576 (0)**

1. Corporation Name
OAKVEST V, INC.



Principal Place of Business

**3603 CLARK RD.
SARASOTA FL 34233**

Mailing Address

**P.O. BOX 19465
SARASOTA FL 34233**

2. Principal Place of Business

21 5100 87th St. E.

Suite, Apt. #, etc.

22

City & State

23 Bradenton, Fl.

24

34202

25

USA

2a. Mailing Address

26 5100 87th St. E.

Suite, Apt. #, etc.

27

City & State

28 Bradenton, Fl.

29

34202

30

USA

9. Name and Address of Current Registered Agent

**HOGAN, PATRICK M.
3603 CLARK RD.
SARASOTA FL 34236**

81 Name

HOGAN, PATRICK M.

82 Street Address (P.O. Box Number is Not Acceptable)

5100 87th St. E.

83

Bradenton, Fl. 34202

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 is 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 607.0503, Florida Statutes.

SIGNATURE

4-24-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	HUNT, ROBERT A	3603 CLARK RD.	SARASOTA FL 34233	☒
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
D + P	HUNT, DANIEL R.	624 E. CLUB CIRCLE	LONGWOOD, FL 32750	☐	☐	☒
S	HOGAN, PATRICK M.	5100 87th St. E.	BRADENTON, FL 34202	☐	☐	☒
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐	☐	☐

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

Patrick M. Hogan

4-24-96

(941) 758-2424

CR2E034 (12/95)