FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058695 (6)**

1. Corporation Name
REGAL OAKS, INC.

Principal Place of Business	Mailing Address
7021 GRIFFIN ROAD BROOKSVILLE FL 34601	7021 GRIFFIN ROAD BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/20/1993**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

HEUER, JOAN
7021 GRIFFIN ROAD
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☐ Change ☑ Addition
NAME	HEUER, JOAN	1.2 NAME	PHILLIP HEUER	
STREET ADDRESS	7021 GRIFFIN ROAD	1.3 STREET ADDRESS	27271 WARNER Rd	
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	~~P~~	2.1 TITLE	V/T/S	☐ Change ☐ Addition
NAME	~~PHILLIP HEUER~~	2.2 NAME	LISA HEUER	
STREET ADDRESS	~~27271 WARNER Rd~~	2.3 STREET ADDRESS	27271 WARNER Rd	
CITY-ST-ZIP	~~BROOKSVILLE, FL 34602~~	2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	~~V/T/S~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~LISA HEUER~~	3.2 NAME		
STREET ADDRESS	~~27271 WARNER Rd~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~BROOKSVILLE, FL 34602~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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.

SIGNATURE: Joan Heuer 4-24-95 904-796-4284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384430 CP