

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000051963 (4)**

1. Corporation Name

SAVORY OAKS, INC.

Principal Place of Business

**1590 GREENFIELD STREET
PACE FL 32571**

Mailing Address

**1590 GREENFIELD STREET
PACE FL 32571**



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt #, etc.

Suite, Apt #, etc

27

City & State

City & State

28

Zip

Zip

29

Country

Country

30

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

07/20/1995

Applied For

Not Applicable

4. FEI Number

59-3262203

\$8.75 Additional

Fee Required

5. Certificate of Status Desired

\$5.00 May Be

Added to Fees

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible taxes under s. 199.032
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**MATTHEWS, EDSHEL F
308 SOUTH JEFFERSON ST.
PENSACOLA FL 32501**

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 registering)

DATE: 07/20/1995

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

Brigid Amore (Pres.)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 (90) 995 0530

CR2E034 (3/96)