

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

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000057238

1. Corporation Name

HEART OF OAK CONSTRUCTION, INC.

99 APR 26 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

4. FEI Number

59-3271043

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution []\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax [] Yes ☒ No

10. Name and Address of New Registered Agent

Principal Place of Business

1240 GAYLE AVE.
NOKOMIS FL 34275

Mailing Address

1240 GAYLE AVE.
NOKOMIS FL 34275

2. Principal Place of Business

21 703 Florence St.

Suite, Apt #, etc.

22 City & State

23 Nokomis, FL

Zip Country

24 34275 25 USA

2a. Mailing Address

26 703 Florence St

Suite, Apt #, etc.

27 City & State

28 Nokomis, FL

Zip Country

29 34275 30 USA

9. Name and Address of Current Registered Agent

WOODMANCY, EUGENE H
1240 GAYLE AVE.
NOKOMIS FL 34275

81 Name

82 Woodmancy, Eugene H.
83 Street Address (P.O. Box Number is Not Acceptable)
703 Florence St.

84 City

Nokomis

FL

85 Zip Code

34275

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 of position

(NOTE: Registered Agent signature to be printed below this line)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	WOODMANCY, EUGENE H	
STREET ADDRESS	1240 GAYLE AVE.	
CITY-STATE-ZIP	NOKOMIS FL 34275	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	703 Florence St.
14 CITY-STATE-ZIP	Nokomis, FL 34275
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	4000002858944--4
24 CITY-STATE-ZIP	-04/30/99--01116--001
31 TITLE	[] Change [] Addition
32 NAME	****150.00 ****150.00
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: Eugene H. Woodmancy Eugene H. Woodmancy 4/13/99 991-506-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE