SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 PM 11:49

DOCUMENT # P94000070335 (2)

1. Corporation Name

OAK VALLEY PARTNERS, INC.

Principal Place of Business
1924 WELBY WAY
~~3372 CAPITAL CIRCLE NE~~
TALLAHASSEE FL 32308

Mailing Address
1924 WELBY WAY
~~3372 CAPITAL CIRCLE NE~~
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report: 9/94

2. Principal Place of Business
21: 1924 WELBY WAY
22: Suite, Apt. #, etc.
23: City & State: TALLAHASSEE FL
24: Zip: 32308
25: Country: USA

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3273697 ☐ 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

SMITH, W. CRIT
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE FL 32308-3469

10. Name and Address of New Registered Agent

81 Name: DANNY R. McCLELLAN
82 Street Address (P.O. Box Number is Not Acceptable): 1924 WELBY WAY
83: TALLAHASSEE, FL
84 City: FL 85 Zip Code: 32308

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: DANNY R. McCLELLAN — DATE: 6/13/95
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent's signature required for all filings.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, TERRY SR	12 NAME	
STREET ADDRESS	ROUTE 1 BOX 436	13 STREET ADDRESS	
CITY ST ZIP	SOPCHOPPY FL 32358	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCLELLAN, DAN	22 NAME	
STREET ADDRESS	3372 CAPITAL CIRCLE NE	23 STREET ADDRESS	
CITY-ST ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MOELLER, ROD	32 NAME	
STREET ADDRESS	14261 BUCKHORN ROAD	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32312	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: DANNY R. McCLELLAN — 6/13/95 (Date) — 9043859889 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000003 CP