FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Mar 18 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** P95000002801 (5) DOCUMENT # OAKS ONE DEVELOPMENT, INC. Principal Place of Business Mailing Address 2033 MAIN ST 2033 MAIN ST SUITE 104 SUITE 104 DO NOT WRITE IN THIS SPACE SARASOTA FL 34237 SARASOTA FL 34237 3. Date Incorporated or Qualified 01/11/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0567800 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1741Main Fee Required 1741 Main City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 34234 US 342 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VENABLE, JOSEPH P **2033 MAIN ST** Street Address (P.O. Box Number is Not Acceptable) **SUITE 104** 83 SARASOTA FL 34237 84 City 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 regists 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 regists 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 CTORS IN 12 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRE DELETE Cha TITLE DPS 1.1 TITLE RIVOLTA, PIERO NAME 1.2 NAME 215 ROBIN DR STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE TITLE 2.1 TITLE VENABLE, JOSEPH P NAME 22 NAME 2033 MAIN ST SUITE 104 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP Addition DELETE ☐ Chi TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Chan TITLE S 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

Addition

Change

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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.

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP