FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000022587 (6)

1. Corporation Name

OLD OAK CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
14385 UNIT A SARASOTA FL 34287	14385 UNIT A SARASOTA FL 34287

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report: —
4. FEI Number: 65-0569896 — 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

2. Principal Place of Business
21 14385-A
Suite, Apt. #, etc.
22 NORTH PORT
City & State
23 FL.
Zip: 24 34287 Country: 25 SARASOTA

2a. Mailing Address
26
Suite, Apt. #, etc.
27 P.O. B. 7727
City & State
28 NORTH PORT FL.
Zip: 29 34287 Country: 30 SARASOTA

9. Name and Address of Current Registered Agent

MCCONNELL, CARL L JR.
14385 UNIT A
SARASOTA FL 34287

10. Name and Address of New Registered Agent

81 Name: FRED ESSNER
82 Street Address (P.O. Box Number is Not Acceptable): 14385-A TAMIAMI TR.
83 NORTH PORT
84 City: FL 85 Zip Code: 34287

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] F.C. ESSNER JR, PRESIDENT
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE — DATE

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	D	☐ DELETE
NAME	MCCONNELL, CARL L JR.	
STREET ADDRESS	14385 UNIT A	
CITY-ST-ZIP	SARASOTA FL 34287	
TITLE	D	☐ DELETE
NAME	ESSNER, FREDERICK C JR.	
STREET ADDRESS	4533 GORGAS STREET	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	600001751248	
4.3 STREET ADDRESS	03/20/96--01069--020	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Carl McConnell, Sec. — 2-21-96 — (941) 423-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)