

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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # P95000022749 (2)

1. Corporation Name

OAK CENTER, INC.

Principal Place of Business

8889 CORPORATE SQUARE COURT
JACKSONVILLE FL 32216

Mailing Address

8889 CORPORATE SQUARE COURT
JACKSONVILLE FL 32216

2. Principal Place of Business

21 Sute, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Sute, Apt. #, etc.

27 City & State

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

VIRZI, JOSEPH A DR.
8889 CORPORATE SQUARE COURT
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FEI Number

59-3313417

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent, or for applicable

(If 20th Registered Agent Signature, please enter "100")

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
1. President Joseph A. Virzi 8889 Corporate Sq. Ct. Jacksonville, FL 32216
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] Change [] Addition
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3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE [] Change [] Addition
6. NAME
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8. CITY-STATE-ZIP
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97. TITLE [] Change [] Addition
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

904-725-7073

CR2E034 (12/95)