

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000052162 (1)

1. Corporation Name

THE OAKS OF ARCADIA, INC.



Principal Place of Business

Mailing Address

2559 SW HWY 17
HIGHWAY 17 SOUTH
ARCADIA FL 33821

P.O. BOX 1303-1740
ARCADIA FL 33821
34265

3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

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

10. Name and Address of New Registered Agent

MULLET, JULIE A
2051 MAIN STREET
SUITE 102
SARASOTA FL 34237

81 Name

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

83

84 City

FL

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 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 fee if applicable

(If Officer Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME William M. Mardis
STREET ADDRESS 4096 SW C. R. 769
CITY-ST-ZIP Arcadia, FL 34265-1303

TITLE Vice President
NAME Margaret A. Mardis
STREET ADDRESS 4096 SW C. R. 769
CITY-ST-ZIP Arcadia, FL 34265-1303

TITLE Sec-Treas
NAME Ann G. Kingsley
STREET ADDRESS 3058 SE Creekwood Ter.
CITY-ST-ZIP Arcadia, FL 34265-1324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President
12 NAME William M. Mardis
13 STREET ADDRESS 4096 SW C. R. 769
14 CITY-ST-ZIP Arcadia, FL 34265-1303

21 TITLE Vice President
22 NAME Margaret A. Mardis
23 STREET ADDRESS 4096 SW C. R. 769
24 CITY-ST-ZIP Arcadia, FL 34265-1303

31 TITLE Sec-Treas
32 NAME Ann G. Kingsley
33 STREET ADDRESS 3058 SE Creekwood TER
34 CITY-ST-ZIP Arcadia, FL 34265-1324

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 (941) 494-5700
5/8/1996

CR2E034 (3/96)