

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90169 041 \*\*\*158.75

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000052920

1. Corporation Name  
OAKS ASSOCIATES, INC.

Principal Place of Business  
3491-11 THOMASVILLE ROAD. #222  
TALLAHASSEE FL 32308

Mailing Address  
3491-11 THOMASVILLE ROAD. #222  
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3335374	
City & State		City & State		5. Certificate of Status Desired	
23		28		8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		8. This corporation owes the current year Intangible Personal Property Tax.	
29		30		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'LEARY, PATRICK G  
249 JOHN KNOX ROAD, #201  
TALLAHASSEE FL 32303

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	249 JOHN KNOX ROAD SUITE 100
84	City
85	Zip Code
FL	

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: *Patrick G. O'Leary* (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	SINGLETARY, RICHARD L	1.2 NAME	
STREET ADDRESS	102 CHUKKARS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	CHANDLER, PORTER	2.2 NAME	
STREET ADDRESS	536 FRANK SHAW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	O'LEARY, PATRICK G	3.2 NAME	
STREET ADDRESS	6130 BORDERLINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: *Patrick G. O'Leary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 850/386-8500  
Date Daytime Phone #

CR2E034 (11/98)