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 # P95000059579 (9)

1. Corporation Name
OAKRIDGE PRODUCTS CORP.

Principal Place of Business	Mailing Address
115 W. OLYMPIA AVENUE PUNTA GORDA FL 33950	P.O. DRAWER 1447 PUNTA GORDA FL 33951-1447

3. Date Incorporated or Qualified: 08/01/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 ISLANDER CASUAL FURNITURE	26 OAKRIDGE PRODUCTS CORP.
Suite, Apt. #, etc.: 22 2440A TAMIAMI TRAIL	Suite, Apt. #, etc.: 27 P.O. BOX 512152
City & State: 23 PORT CHARLOTTE, FL	City & State: 28 PUNTA GORDA, FL
Zip: 24 33952 / Country: 25	Zip: 29 33951-2152 / Country: 30

4. FEI Number: 65-0610479 ☐ 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

HACKETT, JAMES O II
115 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: FREDERICK P. BUCHAS
82 Street Address (P.O. Box Number is Not Acceptable): 830 BAL HARBOR BLVD.
83
84 City: PUNTA GORDA **FL** 85 Zip Code: 33950

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] - PRESIDENT   4-16-96
Signature, typed or printed name of registered agent and title if applicable   DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	BUCHAS, FREDERICK P		1.2 NAME	
STREET ADDRESS	11 HARRIS ROAD		1.3 STREET ADDRESS	830 BAL HARBOR BLVD.
CITY-ST-ZIP	SARATOGA SPRINGS NY 1286		1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VSD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	BUCHAS, JUDITH F		2.2 NAME	
STREET ADDRESS	11 HARRIS ROAD		2.3 STREET ADDRESS	830 BAL HARBOR BLVD.
CITY-ST-ZIP	SARATOGA SPRINGS NY 1286		2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	400001798034 -04/29/96--01024--034 ***200.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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] PRESIDENT   3-12-96   (941) 255-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)