:COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90001 015 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

)OCUMENT # P95000070000
Corporation Name

SIX OAKS OF TALLAHASSEE, INC.

incipal Place of Business	Mailing Address
29 WESTMORLAND DR LLAHASSEE FL 32303	3629 WESTMORLAND DR TALLAHASSEE FL 32303 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
2910 Capital Medical Blvd	26 2910 Capital Medical Blvd	09/12/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 59-3341509	Applied For / Not Applicable
		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: Tallahassee, FL	City & State: 28 Tallahassee, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 32308 Country: 25 USA	Zip: 29 32308 Country: 30 USA	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

NEAL, J. PATRICK
3629 WESTMORELAND DR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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.

GNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
	NEAL, PATRICK	1.2 NAME	
ET ADDRESS	3629 WESTMORELAND	1.3 STREET ADDRESS	
ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
	NEAL, MARGARET	2.2 NAME	
ET ADDRESS	3629 WESTMORLAND DR	2.3 STREET ADDRESS	
ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	
ET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
ET ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
ET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
ET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

GNATURE: J. PATRICK NEAL REQUIRED 8/31/99 850-654-9228