

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 # P95000083841 (3)

1. Corporation Name

OAK CREEK, LTD., INC.



Principal Place of Business

7402 OLD TAMPA ROAD
PARRISH FL 34219

Mailing Address

POST OFFICE BOX 639
ELLENTON FL 34222

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3704 59th Av. Cir. E.

26

4. FEI Number

Applied For

65-062.1230

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23 Ellenton, FL

28

Zip

Country

Zip

Country

24 34222

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETZOLDT, C T
7402 OLD TAMPA ROAD
PARRISH FL 34219

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 (if applicable)

(If Not Registered Agent, Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

PRESIDENT ☐ Change ☒ Addition

CURTIS S. PETZOLDT

5827 DRIFTWOOD PLACE

SARASOTA, FLORIDA 34231

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

VICE PRESIDENT ☐ Change ☒ Addition

CURTIS T. PETZOLDT

7104 ROLAND OAKS CIRCLE

SARASOTA, FLORIDA 34231

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change ☐ Addition

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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

941-723-1900

CR2E034 (12/95)