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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STA

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012098 (4)

OAK TREE CONTRACTING INCORPORATED

FILED
Jan 30 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address		-
4514 GARRISON ROAD 4514 GARRISON ROAD		
PANAMA CITY FL 32404 PANAMA CITY FL 32404		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified
		02/05/1997
2. Principal Place of Business 2a. Mailing Address		4. FEI Number Applied For
21		59-3421382 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22 27		Fee Required
City & State City & State		6. Election Campaign Financing \$5.00 May Be
23 28	Country	Trust Fund Contribution
24 25 29 30	Coding	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent	<u> </u>	10. Name and Address of New Registered Agent
HATHAWAY, EDWIN	81 Name	
4514 GARRISON ROAD	82 Street Addre	ss (P.O. Box Number is Not Acceptable)
PANAMA CITY FL 32404	62 Street Addre	iss (F.O. box Nulliber is Not Acceptable)
	83	
	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		
<u></u>	gistered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TARTES AND THE STATE OF THE STA	1.2 NAME	
I I I CIPPIONI BOID	1.3 STREET ADDRESS	
DANAMA OFFICE COACA	1.4 CITY-ST-ZIP	
	2.1 TITLE	Change Addition
NAME HATHAWAY, SANDY	2.2 NAME	,
I ATTACAMENTAL PARTY	2.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32404	2. 4 City-St-ZiP	
TITLE DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	j
STREET ADDRESS	3.3 STREET ADDRESS	
	3.4. CITY - ST - ZIP	
TITLE DELETE	4.1 TITLE	Change Addition
NAME .	4. 2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
	5.1 TITLE	☐ Change ☐ Addition
j	5.2 NAME	
STREET ADDRESS	# A OTHER ADDRESS	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
TITLE L. DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE DELETE NAME	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Change : Addition
TITLE DELETE NAME STREET ADDRESS	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filling does not quality 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.

SIGNATURE:

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Davilme Phone # ons 42c3