


FILED
May 04, 1999 8:00 am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000063868

1. Corporation Name

OASIS SYSTEMS, INC.

Principal Place of Business

4465 VARSITY LAKES DRIVE
LEHIGH FL 33971

Mailing Address

4465 VARSITY LAKES DRIVE
LEHIGH FL 33971

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

65-0851011

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5748 Corporation Circle

Suite, Apt. #, etc.

2a. Mailing Address

28 Same

Suite, Apt. #, etc.

City & State

23 Ft Myers FL

Zip

24 33905

Country

25 USA

City & State

28 - City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LLOYD NUNN, MICHAEL
4465 VARSITY LAKES DRIVE
LEHIGH FL 33971

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

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED
NAME NUNN, MICHAEL LLOYD
STREET ADDRESS 4465 VARSITY LAKES DRIVE
CITY-ST-ZIP LEHIGH FL 33971TITLE ☐ DELETED
NAME NUNN, KIMBERLY
STREET ADDRESS 4465 VARSITY LAKES DRIVE
CITY-ST-ZIP LEHIGH FL 33971TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 5748 Corporation Circle

1.4 CITY-ST-ZIP Ft Myers FL 33905

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 5748 Corporation Circle

2.4 CITY-ST-ZIP Ft Myers FL 33905

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Nunn Vice President

4-26-99 941 694-3005

Daytime Phone #

CR2E034 (1/98)