PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000074074

1. Corporation Name

OAKLEY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90006 050 ***550.00



33 NUTMEG AVE NRASOTA FL 34231 Principal Place of Business		SARASOTA FL 34231 2a. Mailing Address 26				DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE			
						08/24/1998 4. FEI Number 65-09/7395	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ب يستي	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip	Country 30			This corporation owes the current year In Personal Property Tax.	ntangible Yes	⊠ No_		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
CAVIEV CARV T				81	Name					
OAKLEY, GARY T 5633 NUTMEG AVE SARASOTA FL 34231				82	Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City	F	L 85 Zip	Code		
		0500 - 1 007 4500 El	- C+-4-4 +b		named same	estion authorite this statement for the purpose of	of changing it	s renistered		

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	The state of the s	NOTE: Operior	rod Amont signature rea	uired when rainstating)	DATE		<u> </u>	
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS		gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS			AND DIRECTORS IN 12		
rmLE	D DEL		TITLE		□ Cha		☐ Addition	
NAME !	OAKLEY, GARY T		NAME					
STREET ADDRESS	5633 NUTMEG AVE		STREET ADDRESS				ļ	
	SARASOTA FL 34231		CITY-ST-ZIP				Ì	
CITY-ST-ZIP	D DEL		TITLE			nge	Addition	
ITTLE !					٦	•	_	
VAME	OAKLEY, JEFFREY R		NAME					
STREET ADDRESS	5633 NUTMEG AVE	2.3	STREET ADDRESS					
JITY+ST+ZIP -	SARASOTA FL 34231		4 CITY-ST-ZIP		E1 Ch.		- Addition	
iTLE	☐ DEL	LETE 3.1	TITLE		Cha	inge	Addition	
NAME		3.2	NAME					
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TILE	□ DEL	LETE 4.1	TITLE		Cha	ınge	Addition	
IAME		4.2	2 NAME					
STREET ADDRESS		4.3	STREET ADDRESS					
XTY-ST-ZIP		4.4	CITY-ST-ZIP					
TILE	□ DEL	LETE 5.1	TITLE		☐ Cha	inge	Addition	
IAME		5.2	NAME					
TREET ADDRESS	•	5.3	STREET ADDRESS					
ITY-ST-ZIP	'	5.4	CITY-ST-ZIP					
IILE	☐ DEL	LETE 6.1	TITLE		. Cha	inge	Addition	
IAME		6.2	NAME					
TREET ADDRESS		6.3	STREET ADDRESS		•			
XTY-ST-ZIP		6.4	CITY-ST-ZIP	- O. Fr. 110 07/2\(\sigma\) Florido Stell				

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.

