FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S51577** **(2)**

1. Corporation Name

OAKWOOD CENTER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1055 DUNEDIN FL 34697	1300 S HIGHLAND AVE CLEARWATER FL 34616 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1991
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21: 1300 S. Highland Ave
22: Suite, Apt. #, etc.
23: City & State: Clearwater, FL.
24: Zip: 34616
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-4075117 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

ROMAN, TOM
2340 MAIN ST
SUITE L
DUNEDIN FL 34698

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MILNE, JAMES	12 NAME	
STREET ADDRESS	250 PINELLAS BAYWAY	13 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, BARBARA	22 NAME	
STREET ADDRESS	7903 SAILBOAT KEY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STORM, NORMAN	32 NAME	
STREET ADDRESS	8020 SAILBOAT KEY BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DALY, MICHAEL	42 NAME	
STREET ADDRESS	8502 VAN DYKE ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GUIDE, HAROLD	52 NAME	
STREET ADDRESS	7872 SAILBOAT KEY BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: [signature] Michael Daly President 2/21/95 813-441-8456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0944448 CP