

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05234** (2)

1. Corporation Name

THE OAKS INTERIORS, INC.

Principal Place of Business

**10171 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952**

Mailing Address

**10171 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1992

3a. Date of Last Report

05/17/1994

4. FEI Number

65-0305842

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

10171 So Federal Hwy

Suite, Apt. #, etc.

City & State

Zip

Country

34952

ST. LUCIE

9. Name and Address of Current Registered Agent

**JOHNSON, RAYMOND
10171 S. FED. HWY.
SUITE 440-M
PT. ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

01

Name

RAYMOND R. JOHNSON

02

Street Address (P.O. Box Number is Not Acceptable)

10171 So Federal Hwy

03

PORT ST. LUCIE FLA

04

City

FL

05

Zip Code

34952

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

Raymond R. Johnson

RAYMOND R. JOHNSON

4/20/95

Signature of, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature req. and when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JOHNSON, RAYMOND

10171 S. FEDERAL HIGHWAY

PORT ST. LUCIE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ 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 110.07(3)(b), 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:

Raymond R. Johnson

RAYMOND R. JOHNSON

4/20/95

407-337-0090

Signature and typed or printed name of signing officer or director

Date

Telephone Number