FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V62551** **(9)**

1. Corporation Name

OAKLEY SERVICES, INC.

Principal Place of Business	Mailing Address
4301 UNIVERSITY BLVD S JACKSONVILLE FL 32216	4301 UNIVERSITY BLVD S JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **09/10/1992**

3a. Date of Last Report: **01/17/1995**

4. FEI Number: **59-3140293** ☐ 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	2a. Mailing Address
21 472 DARKWOOD Ave	26 472 DARKWOOD Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OCOEE FL	City & State 28 OCOEE FL
Zip 24 34761 Country 25	Zip 29 34761 Country 30

9. Name and Address of Current Registered Agent

OAKLEY, CHARLES H. JR
4301 UNIVERSITY BLVD S
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 472 DARKWOOD AVE

83

84 City: OCOEE FL 85 Zip Code: 34761

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 _____ (NEW Registered Agent Signature required if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	OAKLEY, CHARLES H. JR		1.2 NAME		
STREET ADDRESS	4301 UNIVERSITY BLVD S		1.3 STREET ADDRESS	472 DARKWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	OCOEE FL 34761	
TITLE	VSD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	OAKLEY, LYDIA ANN		2.2 NAME		
STREET ADDRESS	4301 UNIVERSITY BLVD S		2.3 STREET ADDRESS	472 DARKWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	OCOEE FL 34761	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Charles H. Oakley Jr 3/25/96 407-290 0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #