

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:11

DOCUMENT # V68415

(1)

1. Corporation Name

OAK CREEK DEVELOPMENT, INC.

Principal Place of Business

650 N. TAMiami TR.
OSPNEY FL 34229

Mailing Address

650 N. TAMiami TR.
OSPNEY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1992

3a. Date of Last Report

02/16/1994

2. Principal Place of Business

21. 105 NORTH CREEK LANE

2a. Mailing Address

26. 60 OSPNEY POINT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23. OSPNEY, FL

City & State

28. OSPNEY, FL

Zip

34229

Country

USA

Zip

34229

Country

USA

4. FEI Number

65-0359355

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

SMUCKER, DONALD W
1776 RINGLING BLVD
SARASOTA FL 34236

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 of Agent or Current Registered Agent and Date of Appointment)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	LINDSKOV, LES
STREET ADDRESS	230 S. MAIN ST.
CITY, ST, ZIP	ISABEL SD 57633
TITLE	D
NAME	LINDSKOV, LES
STREET ADDRESS	230 S. MAIN ST.
CITY, ST, ZIP	ISABEL SD 57633
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Sections 119.07(8)(a), Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report as 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Les Lindskov
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES LINDSKOV

1/11/95

813-918-900
(Optional Phone #)