


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
96 DEC 12 AM 10:50

DOCUMENT # 231653 (7)

1. Corporation Name
OAK ISLE, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 209 COURTHOUSE SQUARE INVERNESS FL 34450 US	Mailing Address 209 COURTHOUSE SQUARE INVERNESS FL 34450 US
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3. Date Incorporated or Qualified 12/30/1959	3a. Date of Last Report 06/27/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

4. FEI Number 59-6067049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRADSHAW, ROBERT W.
209 COURTHOUSE SQUARE
INVERNESS FL 34450**

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 of firm 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.

DATE **10/22/96**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PD WEED, KIMBERLY B.	12605 RAIN FOREST STREET TAMPA FL		
	ST BRADSHAW, ROBERT W	209 COURTHOUSE SQUARE INVERNESS FL		
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-12/12/96--01103-006
******225.00 ****225.00**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kim Weed** President **8/20/96** 813 989-9815

Daytime Phone #

CR2E034 (3/96)

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OAK ISLE, INC.
12605 RAIN FOREST STREET
TAMPA, FLORIDA 33617
NOVEMBER 9, 1996

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

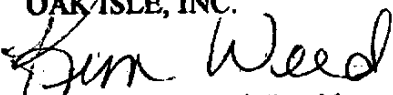
ATTENTION: Leslie Sellers

RE: Oak Isle, Inc. Reinstatement

Dear Ms. Sellers:

Pursuant to our telephone conversation this date, I have enclosed a copy of the Annual report that was mailed in August for the above referenced corporation. You requested that I send a brief note to remind you of our conversation. All of the documents had been mailed in August. I received them back in the end of October. I am enclosing the same check that was originally sent along with the application, as requested. You agreed to reinstate this corporation, when you were in receipt of the enclosed documents.

Thank you so very much for your help and cooperation in this matter. You were very courteous and helpful.

Sincerely,
OAK ISLE, INC.

Kimberly B. Weed, President

Enclosure: as stated