

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **254195** (1)
1. Corporation Name
OAKLEY GROVES, INC.



Principal Place of Business: 101 ABC ROAD, P.O. BOX 4170, LAKE WALES FL 33859
Mailing Address: 101 ABC ROAD, P.O. BOX 4170, LAKE WALES FL 33859

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 12/20/1961
3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-1149759
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**OAKLEY, THOMAS E.
101 ABC ROAD
LAKE WALES FL 33853**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP
1. PD OAKLEY, THOMAS EDWARD, 101 ABC ROAD, LAKE WALES FL
2. VTSD OAKLEY, RONALD E, 1330 W CLINTON AVE, DADE CITY FL
3. WALKER, WADE H., 895 LAKE HOWARD BLVD, WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP
2. TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP
3. TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP
4. TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP
5. TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP
6. TITLE, NAME, STREET ADDRESS, 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(b)(6), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of changes if or on an attachment with an address.

SIGNATURE: *Thomas E. Oakley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

@ 4/1/96 941) 688-1435
Cynthia E. ...

CR2E034 (12/95)