

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 2:27

DOCUMENT # 375608 (7)

1. Corporation Name
OAK KNOLL RANCH, INC.

Principal Place of Business
**2513 MT. LK. CUT OFF RD.
LAKE WALES FL 33853**

Mailing Address
**2513 MT. LK. CUT OFF RD.
LAKE WALES FL 33853**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/14/1971** 3a. Date of Last Report **03/03/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1312221		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24		25	
23		28		29		30	
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADKINSON, WILLIAM M. MT LAKE CUT OFF RD. LAKE WALES FL 33853				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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, HORACE F	1.2 NAME	
STREET ADDRESS	HIGHLAND PARK DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINSON, WILLIAM M	2.2 NAME	
STREET ADDRESS	MT. LAKE CUT OFF RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINSON, ANN H.	3.2 NAME	
STREET ADDRESS	MT LAKE CUT OFF RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINSON, ANN H.	4.2 NAME	
STREET ADDRESS	MT. LAKE CUT OFF RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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 addition.

SIGNATURE: Ann H. AlKinson Ann H. AlKinson 2-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Title)