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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name **OAKHURST LAND CORPORATION** (0) \$200. -B-4 5/01/96



				•	/				
Principal Place of Business Mailing Address						(158 188 1/161 18(1) 18616 21/4) 4/13/ 1841 4/13/ 1841 21/11 21/11 21/11 21/11 21/11 21/11 21/11 21/11 21/11			
13020 PARK BOULEVARD SEMINOLE FL 34646		SEMINOLE F	13020 PARK BOULEVARD SEMINOLE FL 34646						
US		05	US			3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1971 03/17/1995			
2. Principal Place	ce of Business	2a. Mailing Add	dress			4. FEI Number 59-1368293			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt.	Suite, Apt. #, etc			5. Certificate of Status Desired Security Securi			
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country 25		Zıp	Zip Cou 29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
- 1	9. Name and Address of Cur	rent Registered Agen	t			10. Name and Address of New F	tegistered Ag	ent	
^ 				81	Name				
	AVID F. P.A.				Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	EVIEW RD VILLA III VATER FL 33516								
				84	City		FL	85 Zip	p Code
familiar with	n, and accept the obligations of, S Signature, typed or printed name of registered a	ection 607.0505, Florid	a Statutes.	ња Аде	nd signature requires	d of directors. I hereby accept the app twherreinstring: ADDITIONS/CHANGES TO OFF	DATE		
12.	VD	AND DIACCTORS		1 TiTLE	·	70011010701711020 10 011		Change	☐ Addition
TITLE NAME	KIDD, RICHARD C			NAME			<u>. </u>		_
STREET ADDRESS	13020 PARK BLVD				T ADDRESS				
CITY-ST-ZIP	SEMINOLE FL			I CITY-:					
TITLE	PD	D		1 TITLE				Change	☐ Addition
NAME	CLARKSON, FREDERICK	W.	2.2	NAME					
STREET ADDRESS	13020 PARK BLVD		23	STREE	T ADDRESS				
DITY-S1-ZIP	SEMINOLE FL		2 4	CITY-	S1 - ZIP				
TITLE		□ D	ELETE 3	1 TITLE				Change	☐ Addition
NAME			3 2	2 NAME					
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STREET ADDRESS					1 ADORESS				
CITY-ST-ZIP									
			■ 0·	4 UH Y -	ST-ZIP				

ricense contact report is true and accurate and that my signature shall have the same legal effect as if made under or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name this an address.