| SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFT | ER AUGUST 7, 1996. |
|--|---------------------------|
| MOUNT DUE ON OR REFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT | DUE TO REINSTATE: \$375.1 |

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

591368

(6)

| OAK H | HARBOR, INC. | | • | | | | 14 18W 818W 818 | |
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| Principal Plac | ce of Business | Maili | ng Address | | | I REBIDE CIONO IDIDE NIBOD RARA DIN | II NOSI ONOLI GAL | FAL OLDA (OTOFA GADA OFORA AGO) |
| LAKE LOWERY RD. OAK HARBOR HAINES CITY FL 33844 | | | #100 OAK HARBOR HAINES CITY FL 33844 US | | | | | |
| | | US | | | | 3. Date Incorporated or Qualified | 3a. D | ate of Last Report |
| | | | | | | 10/26/1978 | | 3/28/1995 |
| 2. Principal P | Place of Business | 2a. N | Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 59-1924219 | | Not Applicable |
| Suite, Apt | #, etc | <u>-</u> | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \Box | \$8.75 Additional Fee Required |
| City & Stat | to. | 27 | City & State | | | 5 Flatin Committee 5 | | |
| 23 | te | 28 | only & State | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip | Country | | ?rp | Coun | itry | 8. This corporation has liability for | or intangible | |
| 24 | 25 | 29 | | 30 | , | | Yes [| No |
| | 9. Name and Address of (| Current Register | red Agent | | | 10. Name and Address of New F | Registered | Agent |
| A | NDERSON, JAMES | | | 8 | B1 Name | | | |
| | AKE LOWERY RD. | | | | 82 Street Add | dress (P.O. Box Number is Not Accept | able) | |
| | AK HARBOR | | | - | | | | |
| | IAINES CITY, FL H 33844 | | | 18 | 83 | | | |
| | | | | Ī | B4 City | | | 85 Zip Code |
| | | | | | | | FL | |
| 44 Diversions | to the provisions of Sections 6 | 07.0502 and 607 | 1500 Fidrida Statu | itos, the abo | ve paged cor | rooration submits this statement for the | nuroose of | changing its registered |
| office or i | registered agent, or both, in the | e State of Florida | Such change was | authorized t | by the corpora | rporation submits this statement for the alion's board of directors. Thereby acco | purpose of opt the appr | changing its registered pintment as registered |
| office or i | t to the provisions of Sections 60 registered agant, or both, in the am familiar with, and accept the | e State of Florida | Such change was | authorized t | by the corpora | rporation submits this statement for the alion's board of directors. Thereby acco | purpose of opt the appo | changing its registered puntment as registered |
| office or i | registered agant, or both, in the am familiar with, and accept the | e State of Florida e obligations of S | Such change was Section 607.0505, Fl | authorized t Torida Statut | by the corpora les | alion's beard of directors. Thereby acce | ipt the appo | changing its registered pintment as registered |
| office or agent. La | registered agent, or both, in the am familiar with, and accept the Signature, typed or provide a contract register. | e State of Florida e obligations of S | Such change was Section 607.0505, F | authorized t Torida Statut | by the corpora les | rporation submits this statement for the alion's board of directors. Thereby accompand when the status () ADDITIONS/CHANGES TO OFF | tials | ointment as registered |
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number certury mar the information indicated on this annual report or supplemental annual report is true and accurate and that hy signature shall have the same legal effect as if made under each; 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. AME OF SIGNING OFFICEA OR DIRECTOR NEIL ANDER SON 6/6/86 941)956-1341 SIGNATURE: L