

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 591368 (6)  
 1. Corporation Name  
 OAK HARBOR, INC.



Principal Place of Business Mailing Address  
 LAKE LOWERY RD. #100 OAK HARBOR  
 OAK HARBOR HAINES CITY FL 33844  
 HAINES CITY FL 33844 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	
10/26/1978	
4. FEI Number	Applied For
59-1924219	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 ANDERSON, JAMES  
 LAKE LOWERY RD.  
 OAK HARBOR  
 HAINES CITY, FL H 33844

10. Name and Address of New Registered Agent  
 81 Name J. GREGG ANDERSON  
 82 Street Address (P.O. Box Number is Not Acceptable) 100 OAK HARBOR, LAKE LOWERY RD  
 83  
 84 City HAINES CITY FL 85 Zip Code 33844

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 J. GREGG ANDERSON PRESIDENT J. Gregg Anderson 7-2-98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, JAMES	
STREET ADDRESS	OAK HARBOR LAKE LOWERY	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ANDERSON, VERNELL	
STREET ADDRESS	OAK HARBOR LAKE LOWERY	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, J. GREGG	
STREET ADDRESS	OAK HARBOR LK LOWERY	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	J. GREGG ANDERSON		
1.3 STREET ADDRESS	100 OAK HARBOR, LAKE LOWERY RD		
1.4 CITY-ST-ZIP	HAINES CITY, FL 33844		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 address.

SIGNATURE: J. GREGG ANDERSON J. Gregg Anderson 7-2-98 941-951-1341

CR2E034 (5/98)