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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90076 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 591368**

1. Corporation Name  
**OAK HARBOR, INC.**

Principal Place of Business

LAKE LOWERY RD.  
 OAK HARBOR  
 HAINES CITY FL 33844

Mailing Address

#100 OAK HARBOR  
 HAINES CITY FL 33844  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1978

4. FEI Number

59-1924219

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ANDERSON, J GREGG  
 100 OAK HARBOR LAKE LOWERY RD  
 OAK HARBOR  
 HAINES CITY FL 33844

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME ANDERSON, J GREGG  
 STREET ADDRESS 100 OAK HARBOR LANE LOWERY RD  
 CITY-ST-ZIP HAINES CITY FL 33844

TITLE STD  DELETE  
 NAME ANDERSON, VERNELL  
 STREET ADDRESS OAK HARBOR LAKE LOWERY  
 CITY-ST-ZIP HAINES CITY FL

TITLE VD  DELETE  
 NAME ANDERSON, J. GREGG  
 STREET ADDRESS OAK HARBOR LK LOWERY  
 CITY-ST-ZIP HAINES CITY FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME D ANDERSON, JESSICA L.  
 1.3 STREET ADDRESS 100 OAK HARBOR  
 1.4 CITY-ST-ZIP HAINES CITY, FL 33844

2.1 TITLE  Change  Addition  
 2.2 NAME D MADDOX, SANDRA KAY  
 2.3 STREET ADDRESS 2540 TIGER CREEK FOREST  
 2.4 CITY-ST-ZIP LAKE WALES, FL 33853

3.1 TITLE  Change  Addition  
 3.2 NAME D SIRIUS, MARIAH  
 3.3 STREET ADDRESS 8016 MIDNIGHT PASS RD.  
 3.4 CITY-ST-ZIP SARASOTA, FL 34242

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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, with all other like empowered.

SIGNATURE: *J. Gregg Anderson* J. GREGG ANDERSON

4-22-99 941-956-1341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)