

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **650409** (6)

1. Corporation Name
OAK HILL LAND, INC.



Principal Place of Business Mailing Address
**540 AMBASSADOR CT
SUNNY HILLS FL 32428** **540 AMBASSADOR CT
SUNNY HILLS FL 32428**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1980	3a. Date of Last Report 04/26/1995
21		26		4. FEI Number 59-2026350	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BELECKAS, WITHOLD 540 AMBASSADOR COURT SUNNY HILLS FL 32428				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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELECKAS, WITHOLD	1.2 NAME	
STREET ADDRESS	540 AMBASSADOR COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY HILLS FL 32428	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, STEPHAN	2.2 NAME	
STREET ADDRESS	207 STATE ROAD 280 WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGIATO, FRANK	3.2 NAME	
STREET ADDRESS	520 LINWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY HILLS FL 32428	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPINSKI, ROMAN	4.2 NAME	
STREET ADDRESS	1040 W FINGERBEARD RD NO 2ND FLR	4.3 STREET ADDRESS	
CITY-ST-ZIP	STATES ISL NY	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABUTIS, VITAS	5.2 NAME	
STREET ADDRESS	525 AMBASSADOR COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY HILLS FL 32428	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Withold Beleckas* **Withold Beleckas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **July 9, 96** 904-773-3333
Designated Print: _____

CR2E034 (3/96)