

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 650409 (6)**

1. Corporation Name  
**OAK HILL LAND, INC.**



Principal Place of Business <b>1991 AMBASSADOR CT SUNNY HILLS FL 32428 US</b>	Mailing Address <b>1991 AMBASSADOR SUNNY HILLS FL 32428 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/07/1980</b>	
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State <b>Chipley FL</b>	27 City & State <b>Chipley FL</b>
23 Zip <b>32428</b>	28 Zip <b>32428</b>
24 Country	29 Country
25	30
4. FEI Number <b>59-2026350</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BELECKAS, WITHOLD 540 AMBASSADOR COURT SUNNY HILLS FL 32428</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) <b>1991 Ambassador Court</b>	
83		84 City <b>Chipley</b>	
85 State <b>FL</b>		86 Zip Code <b>32428</b>	

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 *Withold Beleckas* **Withold Beleckas** DATE **4/6/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BELECKAS, WITHOLD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1991 AMBASSADOR COURT</b>	CITY-ST-ZIP <b>SUNNY HILLS FL</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>REGISTER, STEPHAN</b>	1.4 CITY-ST-ZIP <b>Chipley FL 32428</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>207 STATE ROAD 200 WEST</b>	CITY-ST-ZIP <b>CHIPLEY FL</b>	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME <b>Stephen B Register Jr</b>	
TITLE <b>ST</b>	NAME <b>AGIATO, FRANK</b>	2.3 STREET ADDRESS <b>1552 Brickyard Road</b>	
STREET ADDRESS <b>520 LINWOOD DRIVE</b>	CITY-ST-ZIP <b>SUNNY HILLS FL 32428</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DV</b>	NAME <b>LAPINSKI, ROMAN</b>	3.2 NAME <b>4045 Linwood Drive</b>	
STREET ADDRESS <b>1040 W FINGERBEARD RD NO 2ND FLR</b>	CITY-ST-ZIP <b>STATES ISL NY</b>	3.3 STREET ADDRESS <b>Chipley FL 32428</b>	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE <b>V</b>	NAME <b>LABUTIS, VITAS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>625 AMBASSADOR COURT</b>	CITY-ST-ZIP <b>SUNNY HILLS FL 32428</b>	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME <b>2001 Ambassador Court</b>	
CITY-ST-ZIP		5.3 STREET ADDRESS <b>Chipley FL 32428</b>	
		5.4 CITY-ST-ZIP	
TITLE		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 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.

*Withold Beleckas* **Withold Beleckas** **4/6/98**

CR2E034 (10/97)