

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90103 001 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 650409
 1. Corporation Name
OAK HILL LAND, INC.

| | |
|---|--|
| Principal Place of Business 1991 AMBASSADOR CT CHIPLEY FL 32428 US | Mailing Address 1991 AMBASSADOR CHIPLEY FL 32428 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Data Incorporated or Qualified 01/07/1980 | 4. FEI Number 59-2026350 Applied For Not Applicable |
|---|--|---|--|

| | |
|--|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
BELECKAS, WITHOLD
 1991 AMBASSADOR CT
 CHIPLEY FL 32428

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BELECKAS, WITHOLD | |
| STREET ADDRESS | 1991 AMBASSADOR COURT | |
| CITY-ST-ZIP | CHIPLEY FL 32428 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | REGISTER, STEPHEN B J | |
| STREET ADDRESS | 1552 BRICKYARD RD | |
| CITY-ST-ZIP | CHIPLEY-FL-32428 | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | AGIATO, FRANK | deceased |
| STREET ADDRESS | 4045 LINWOOD DR | |
| CITY-ST-ZIP | CHIPLEY FL 32428 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | LAPINSKI, ROMAN | |
| STREET ADDRESS | 1040 W FINGERBEARD RD NO 2ND FLR | |
| CITY-ST-ZIP | STATES ISL NY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LABUTIS, VITAS | |
| STREET ADDRESS | 2001 AMBASSADOR CT | |
| CITY-ST-ZIP | CHIPLEY FL 32428 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | BELECKAS, GENEVIEVE |
| 3.3 STREET ADDRESS | 1991 AMBASSADOR CT. |
| 3.4 CITY-ST-ZIP | CHIPLEY FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Stephen B J Register DATE: 4/15/1999 DAYTIME PHONE #: 850-773-3333

CR2E034 (11/98)