

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 652633 (9)
 1. Corporation Name
OAKWOOD BUILDERS, INC.



Principal Place of Business 3611 TWISTED OAK CT. LAKE WALES FL 33853	Mailing Address 3611 TWISTED OAK CT. LAKE WALES FL 33853
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1980	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1967080	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. 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 COCONATO, VINCENT JAMES 3611 TWISTED OAK CT LAKE WALES FL 33853				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME COCONATO, DEE F	1.1 TITLE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3611 TWISTED OAK CT	CITY-ST-ZIP LAKE WALES, FL 00000	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME COCONATO, VINCENT JOSEPH	1.3 STREET ADDRESS	
STREET ADDRESS 12541 NW 1 PLACE	CITY-ST-ZIP PLANTATION FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	NAME COCONATO, VINCENT JAMES	2.1 TITLE	<input type="checkbox"/> DELETE
STREET ADDRESS 3611 TWISTED OAK CT	CITY-ST-ZIP LAKE WALES, FL 00000	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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: Vincent James Coconato 2-3-98 941-676-4953
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0414742

CFR2E034 (10/97)