

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 11:16

DOCUMENT # **G56567 (2)**  
1. Corporation Name  
**OAK CREEK GROVE INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>104 NEVERS STREET<br/>P.O. BOX 1119<br/>PLANT CITY FL 33564</b> | Mailing Address<br><b>104 NEVERS STREET<br/>P.O. BOX 1119<br/>PLANT CITY FL 33564</b> |
|---|---|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/18/1983</b> | 3a. Date of Last Report<br><b>01/31/1994</b> |
|--|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2336918</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|  |                             |
|--|-----------------------------|
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|-----------------------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

|  |  |
|--|--|
| 2. Principal Place of Business                               | 2a. Mailing Address  |
| 21 <b>2815 HAMMOCK DR.</b><br><small>State Apt # etc</small> | 26 <b>2815 HAMMOCK DR.</b><br><small>State Apt # etc</small> |
| 22<br><small>City &amp; State</small>                        | 27<br><small>City &amp; State</small>                        |
| 23 <b>PLANT CITY FL</b>                                      | 28 <b>Plant City FL</b>                                      |
| 24 <b>33567</b><br><small>Zip</small>                        | 29 <b>33567</b><br><small>Zip</small>                        |
| 25 <b>Hillborough</b><br><small>Country</small>              | 30 <b>Hillborough</b><br><small>Country</small>              |

9. Name and Address of Current Registered Agent  
**EDWARDS, ROBERT S  
104 NORTH EVERS STREET  
PLANT CITY FL 33566**

|  |
|--|
| 81 Name<br><b>Robert S Edwards</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>Hammock Dr. 2815</b> |
| 83   |
| 84 City<br><b>Plant City, FL</b>   |
| 85 Zip Code<br><b>33567</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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstated)

DATE

**Mch 23, 1995**

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE<br><b>PSD</b>        | <b>EDWARDS, ROBERT S<br/>1102 WEST CHERRY ST<br/>PLANT CITY, FL 00000</b> |
| TITLE                      |   |
| TITLE                      |   |
| TITLE                      |   |
| TITLE                      |   |
| TITLE                      |   |
| TITLE                      |   |
| TITLE                      |   |
| TITLE                      |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 11 TITLE<br><b>VP Dir</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME<br><b>Robert S, Edwards</b>                   |  |
| 13 STREET ADDRESS<br><b>2815 Hammock Dr</b>           |  |
| 14 CITY - ST - ZIP<br><b>Plant City, FL 33567</b>     |  |
| 21 TITLE<br><b>Pres &amp; Sec Dir</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME<br><b>Robert S Edwards Jr.</b>                |  |
| 23 STREET ADDRESS<br><b>805 Woodlawn Av</b>           |  |
| 24 CITY - ST - ZIP<br><b>Plant City, FL 33566</b>     |  |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME   |  |
| 33 STREET ADDRESS                                     |  |
| 34 CITY - ST - ZIP                                    |  |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME   |  |
| 43 STREET ADDRESS                                     |  |
| 44 CITY - ST - ZIP                                    |  |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME   |  |
| 53 STREET ADDRESS                                     |  |
| 54 CITY - ST - ZIP                                    |  |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME   |  |
| 63 STREET ADDRESS                                     |  |
| 64 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)(b), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report, or other report and accounts 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 employed 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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
**Robert S. Edwards**

3/23/95

813-752-2740