


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H24567 (0)  
 1. Corporation Name  
 OAK HILLS GOLF AND COUNTRY CLUB INC.



Principal Place of Business: 10059 N. CLIFF BLVD. SPRING HILL FL 34608  
 Mailing Address: 2550 N. LOOP WEST SUITE 400 HOUSTON TX 77092

DO NOT WRITE IN THIS SPACE

|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   |  |
| 21  |  | 26                  |  | 10/05/1984  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22  |  | 27                  |  | 59-2450052  |  |
| City & State  |  | City & State        |  | Applied For   |  |
| 23  |  | 28                  |  | Not Applicable  |  |
| Zip   |  | Zip                 |  | 5. Certificate of Status Desired  |  |
| 24  |  | 29                  |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Country   |  | Country             |  | 6. Election Campaign Financing Trust Fund Contribution  |  |
| 25  |  | 30                  |  | <input type="checkbox"/> <input type="checkbox"/>   |  |
| 9. Name and Address of Current Registered Agent                       |  |                     |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.             |  |
| KETTLE, JOHN<br>5284 ISLE WORTH COUNTRY CLUB DR<br>WINDEMERE FL 34786 |  |                     |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent                       |  |  |  | 10. Name and Address of New Registered Agent          |  |
| KETTLE, JOHN<br>5284 ISLE WORTH COUNTRY CLUB DR<br>WINDEMERE FL 34786 |  |  |  | 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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | TD<br>KETTLE, JOHN                             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 5284 ISLEWORTH COUNTRY CLUB DR<br>WINDEMERE FL | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD<br>FLOYD, RAYMOND                           | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 24 INDIAN CREEK ISLANDS<br>MIAMI BCH FL 33154  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | 231 Royal Palm Way, Suite 100<br>Palm Beach, FL 33480                        |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD<br>FLOYD, MARIA                             | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 24 INDIAN CREEK ISLANDS<br>MIAMI BCH FL 33154  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | 231 Royal Palm Way, Suite 100<br>Palm Beach, FL 33480                        |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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 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.

SIGNATURE \_\_\_\_\_ DATE 7-15-98 713-680-8128

CR2E034 (5/98)