

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAR 27 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H76178** (3)

1. Corporation Name  
**OAKDALE REALTY, INC.**

Principal Place of Business Mailing Address  
**36330 US HWY 19 NO PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/16/1985** 3a. Date of Last Report **04/07/1994**  
4. FEI Number **59-2581886** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WALROD, PAUL**  
**3641 US HWY 19 N**  
**PALM HARBOR FL 33563**

10. Name and Address of New Registered Agent  
81 Name **REDA, DENNIS A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **36330 US HWY 19 North**  
83  
84 City **Palm Harbor** FL 85 Zip Code **34684**

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 *Dennis A. Reda* DATE **3/20/95**  
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS</b>	1.1 TITLE	<b>P/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALROD, PAUL R.</b>	1.2 NAME	<b>REDA, DENNIS A.</b>
STREET ADDRESS	<b>2270 TONIWOOD LANE</b>	1.3 STREET ADDRESS	<b>65 Pinewood Terrace</b>
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	1.4 CITY - ST - ZIP	<b>Palm Harbor, FL 34683</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 applicable), or on an attachment with an address.

SIGNATURE: *Dennis A. Reda* DATE **3/20/95** 813 785 7516  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #





STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 DIVISION OF REAL ESTATE  
 400 W. Robinson St., P.O. Box 1900,  
 Orlando, FL 32802-1900  
 (407) 423-6060

476178

MAKE CHECKS PAYABLE TO  
 DIVISION OF REAL ESTATE  
 DO NOT SEND CASH

**REQUEST FOR RENEWAL OR CHANGE OF CORPORATION OR PARTNERSHIP**  
**COMPLETE FORM IN BLACK INK**

Corporation  
 Name of ~~Partnership~~ OAKDALE REALTY, INC.  
 (strike word not applicable)

Trade Name OAKDALE REALTY, INC.

Florida Business Address 36330 US HWY 19 N. Palm Harbor, FL 34684  
 Give address of main office (Street Number) (City) (State) (Zip)

5 9 - 2 5 8 1 8 8 6  
 Federal Employer #

8 1 3 - 7 8 5 - 7 5 1 6  
 Business Telephone Number

You must furnish the names and residence addresses of ALL of the officers and directors of the corporation, or ALL members of the partnership.  
 A licensed real estate salesperson, active or in-active, cannot be an officer or director of a real estate broker corporation or a member of a partnership.  
 Multiple Brokers licenses: brokers licensed with more than one real estate brokerage company should inform the respective companies of this fact.

Name	Office Held	Active or in-active
1. <u>DENNIS A. REDA</u> Residence Address <u>65 Pinewood Terrace</u> <u>Palm Harbor, FL 34683</u>	<u>P/S/T/D</u>	<u>ACTIVE</u>
2. _____ Residence Address _____		
3. _____ Residence Address _____		
4. _____ Residence Address _____		
5. _____ Residence Address _____		

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or any other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or revoked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled to receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the Florida Real Estate Commission.

Witness my authorized signature this 20th day of March, 1995

Signature *Dennis A. Reda*  
 of active broker, officer, director or firm member.

CQ 0241496  
 Corporation or Partnership license number (title) President

RENEWAL INFORMATION

**\*\* NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. \*\***

This renewal form is used to request registration for a Corporation or Partnership. Active officers, directors or firm members who have a regular license status must renew on separate forms.