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FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # H99129 (9)
 1. Corporation Name
OAKBRIDGE PROPERTIES, INC.



Principal Place of Business: **C/O RONALD O'NEILL DURHAM, 530 BEACON PARKWAY WEST, SUITE 800, BRIMINGHAM AL 35209**
 Mailing Address: **C/O RONALD O'NEILL DURHAM, 530 BEACON PARKWAY WEST, SUITE 800, BRIMINGHAM AL 35209-3186**

3. Date Incorporated or Qualified: **02/13/1986** 3a. Date of Last Report: **02/29/1996**
 4. FEI Number: **63-0928411** Applied For: Not Applicable:
 6. 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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
DRUMMOND, BRYAN D.
1343 OAKFIELD DR.
BRANDON FL 33509

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	VP	<input type="checkbox"/> DELETE
NAME	DURHAM, RONALD O	
STREET ADDRESS	800-530 BEACON PKWY WEST	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DRUMMOND, BRYAN D	
STREET ADDRESS	128 BARRINGTON DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUMMOND, PEGGY SNODDY	
STREET ADDRESS	800-530 BEACON PKWY WEST	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSTON, JOHN R	
STREET ADDRESS	800-530 BEACON PKWY WEST	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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, as changed, or as an attachment with an address.

SIGNATURE: *John R. Johnston* 2/13/97 205-942-2020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)