## **APILENOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078065

Oak Park-Clermont, Inc.

Principal Place of Business

SIGNATURE:

Mailing Address

4265 Kellway Circle Addison, TX 75244

4265 Kellway Circle Addison, TX 75244

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SECTIONALY OF STATE TALLAHASSEE, FLORIDA

Oscar Smith, Vice President 5/23/97 972-407-8400

Addisor	1, TX	/3244	4 Addison, IX /5244					3. Date Incorporated or Qualified 9/19/96 3a. Date of Last Report					
2 Principal P	incipal Place of Business 28. Mailing Address			SS			4. FEIN	Number			Δ Γ	ppl-ed For	
<b>—</b>	¬ '			.55			1	58-2264218			Not Applicable		
21 26 26 Cuite Ant 4 ate		Suite, Apt. #, 0	In Ant # ota				2204210			<del></del>	Additional		
Suite, Apt. #, etc. Suite, Apt. #, a 22		eic.				ficate of Status	Desired			Additional lequired			
City & State City & State			· · · · · · · · · · · · · · · · · · ·			6. Elect	tion Campaign F	inancing		\$5.00	May Be		
23			28				Trust	Fund Contribut	ion			to Fees	
Zip		Country	Zip	7	Country		8. This	corporation has	liability for	intangible	tax under	s. 199.032.	
24		25	29	30			1	da Statutes		] Yes 🤰			
1	9. Name	11	Current Registered Agent		. 1		10. Name and Address of New Registered Agent						
	-				81	Name							
	CT Corporation												
	1200 South Pine Island Road				82 Street Address (P.O. Box Number is Not Acceptable)								
					83								
Plantation, FL 33324				03									
					84	City					<b>85</b> Zip	Code	
						٥.,,				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	6(-5)		and the description	(NOTE Basis	loand Ago	of exposition to	equired when reinstal	l na)		DATE			
10	Signature, typed		Stored agent and title if applicable		3.	n, signature re			S TO DEEL		DIBECTO	RS IN 12	
12.	OFFICERS AND DIRECTORS				.170LE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO					Addition		
TATLE :	President, CEO, Director DELETE			1						onenge	Redition		
NAME	Floyd B. Rhoades			י ו	.2 NAME								
STREET ADDRESS	RESS 4265 Kellway Circle			1	13 STREET ADDRESS								
CITY - ST - ZIP	Addison, TX 75244				4 CITY-ST-ZIP								
TITLE	Exec. VP, CFO, Treasurer, Director			Hor 2	1 TITLE		700002199187 -06/03/9701023					☐ Addition	
NAME	Gene S. Bertcher				2? NAME 000 400 200					i il itti ir			
STREET ADDRESS				2	3 STREET	ADDRESS		-	UD/U3/		J1023**	ະນຸບສູ	
CITY-ST-ZIP	- 「マタメニーシェート帯袋スータセカンナン				4 CITY - S				****55	U.UU	<b>非承集</b> 第二	55U.UU	
TITLE	Secretary, Vice President DEFFE				1 TITLE						Change	Addition	
	1			1									
NAME	Oscar Smith				.2 NAME								
STREET ADDRESS	1			3	3 STREET	ADDRESS							
CITY-ST-ZIP	Addison, TX 75244				4 CITY-S	T · ZIP					<b>—</b>		
TITLE	Assist	ant Secre	etary 🗆 DEL	.HE 4	1 TITLE						Change	☐ Addition	
NAME		. Smith	•	4	2 NAMI								
STREET ADDRESS		Kellway C	ircle	4	3 STREET	ADDRESS							
CITY-ST-ZIP		n. TX 752		4	4 CITY - S	1 · ZIP							
TITLE		_	I I DC		1 TITLE						Change	Addition	
NAME		ant Secre	ctary	a di	2 NAME			4	И			_	
	L. A.	TUTTIE	1.	A		AUDDOCC				^			
		ellway Ci			3 STREET			( , , , ,		01			
CITY - ST - ZIP	Addiso		244		4 CITY - S	1 · ZIP			1-2	.7 1	Chana	Addition	
TITLE	Direct	or, Chair	man of the Board		1 TITLE				b		L Change	☐ Addition	
NAME	James	R. Gilley		6	2 NAME			l					
STREET ADDRESS		ellway Ci		6	3 STRLET	ADDRESS							
CITY-ST-ZIP	Add1so		244	8	4 CITY · S	ı - ZIC						.	
14 I do herel	by certify tha	it the information	supplied with this filing does re	of qualify for t	the exer	mption sta	ded in Section	119.07(3)(i), Flo	rida Statute	s I furthe	r certify that	t 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 onth; that I am an officer or director of the corporation or the receiver or trustee ampowered 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 gran attachment with an address.													