

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **592241** (4)  
1. Corporation Name  
**SKIP OZIER AND SONS, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O LEWIS E. DINKINS 201 N.E. 8TH AVE. OCALA FL 34470 US		C/O LEWIS E. DINKINS 201 N.E. 8TH AVE. OCALA FL 34470 US		11/03/1978	04/26/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1925056	Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	25. Country	29. Country	30. Country		
24. Country		25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29. Country		30. Country		<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			
DINKINS, LEWIS E., ATTORNEY 201 N.E. EIGHTH AVE. OCALA, FL. 34470				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZIER, KENNETH E	1.2 NAME	
STREET ADDRESS	RT 1 BOX 950	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT MCCOY FL	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZIER, EG	2.2 NAME	
STREET ADDRESS	12201 N.E. 105TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	SILVER SPRINGS FL	2.4 CITY- ST- ZIP	
TITLE	SDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZIER, EVELYN P.	3.2 NAME	
STREET ADDRESS	12201 NE 105TH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	SILVER SPSGS. FL	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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: *Skip Ozier* 3/11/96 (352) 236-2817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)