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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90014 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 592241

1. Corporation Name
SKIP OZIER AND SONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O LEWIS E. DINKINS, 201 N.E. 8TH AVE., OCALA FL 34470, US
Mailing Address: C/O LEWIS E. DINKINS, 201 N.E. 8TH AVE., OCALA FL 34470, US

3. Date Incorporated or Qualified: 11/03/1978

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)
2a. Mailing Address (26) Suite, Apt. #, etc. (27)

4. FEI Number: 59-1925056
Applied For: Not Applicable

23. City & State
28. City & State

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip (24) Country (25)
29. Zip (29) Country (30)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
DINKINS, LEWIS E., ATTORNEY
201 N.E. EIGHTH AVE.
OCALA, FL. 34470

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: _____

Table with 6 rows for Officers and Directors (Block 12). Each row includes Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors (Block 13). Each row includes Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/99 352-236-2817
Date Daytime Phone #

CR2E034 (11/98)