

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:31

DOCUMENT # 709922 (9)

1. Corporation Name
OZELLO, INC.

Principal Place of Business
14095 W. OZELLO TRAIL
CRYSTAL RIVER FL 34429

Mailing Address
14095 W. OZELLO TRAIL
CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1965	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2945820	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21. 14095 West Ozello Trail Suite, Apt. #, etc. 22. 14095 W. Ozello Trail City & State 23. Crystal River, Fl Zip 24. 34429	2a. Mailing Address 26. 14095 W. Ozello Trail Suite, Apt. #, etc. 27. 14095 W. Ozello Trail City & State 28. Crystal River, Fl Zip 29. 34429
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HENDERSON, THELMA
2223 S. HUNT POINT
CRYSTAL RIVER FL 34429

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City CRYSTAL RIVER, FL	34429

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYDEN, JANICE 14415 W. EBBTIDE CT. CRYSTAL RIVER, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOOTS, FRANK 3445 W SUSAN LN LECANTO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D BAULT, BETTY 2030 S. Schooner Drive CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLETT, JOAN 1522 SO WALLACE PT CRYSTAL RIVER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition COLLETT, DIRECTOR HOLLIDAY, WANDA L. SEC. 2221 S. Appletree Pt. Crystal River, Fl. 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLIDAY, GEORGE 221 SO APPLETREE PL CRYSTAL RIVER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition HOLLIDAY, GEORGE (SPELLING)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, FRANCIS 14415 W EBBTIDE CT CRYSTAL RIVER FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIPPEY, DONALD 578 N. LAKE CIRCLE CRYSTAL RIVER FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GEORGE HOLLIDAY, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Holliday

2/23/95

904-563-1578