## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

709922

(9)

OZELLO, INC.

Principal Place of Business	,
14008 4005 W. Ozello trail	
4995 W. OZELLO TRAIL	

Mailing Address

## **FILED** Apr 25 1997 8:00am Secretary of State

GRYSTAL RIVER FL 34429				<del>4096 W</del> . Ozello trail Crystal river fl 34429											
									ļ-,	<ol> <li>Date Incorporated or Qualified 11/15/1965</li> </ol>	3a. (	Date of Last Re 04/25/19	eport <b>96</b>	]	
2.	. Principal Place of Business				2a. Mailing Address				1	4. FEI Number			plied For	i	
21	14096	- W. O	ZELLO TRAIL	26	26 14095 W. OZELLO TRAIL					4. FEI Number 59-2945820			t Applicable	1	
22	Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State				1	City & State				1	6. Election Campaign Financing \$5.00 May Be					
23				28					Trust Fund Contribution Added to Fees						
	Zip		Country		Zip	Cou	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24			25	29		30	30			Florida Statutes 🔲 Yes 💢 No					
9. Name and Address of Current Registered Agent							0.1	N	11	Name and Address of New R	egistered	l Agent		-	
			<b>.</b>				81	Name						l	
HENDERSON, THELMA					<b>82</b> Stre			Street	et Address (P.O. Box Number is Not Acceptable)					1	
	2223 S. H						83							1	
	CRYSTAL	HIVEH F	L 34429				03							ļ	
							64	City			FI	85 Zip (	Code	1	
-11	Purcuant to	the provis	sions of Sections 617 050	12 and 6	317 1508 Florida Statu	tos the a	bove	a-named	Corporat	tion submits this statement for the			nonistered	$\frac{1}{2}$	
<b>.</b> "	office or reg agent. I am	istered ac familiar w	gent, or both, in the State ith, and accept the oblig	of Flori ations o	da. Such change was f, Section 617.0503, F	authorize lorida Stat	d by tutes	the corp	poration's	tion submits this statement for the s board of directors. I hereby acce	ept the ap	pointment as	registered		
SI	GNATURE													ľ	
12		phature, typed	or printed name of registered ag OFFICERS AN			13.	o Age	nt signature	e required wit	nen reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ID DIRECTOR	S IN 12	16	
7/1		TD	OT TOLINO THE	DITIE!	DELETE	1.1 Ti	TLE		70	THE THOMAS OF THE COURT OF THE	IOC. NO TO	Change	Addition	Ş	
NA	1		N, JANICE			1.2 N	AME		TO	EDER, ROBERT		-	<del></del>	1	
STREET ADDRESS 14415 W. EBBTIDE CT.					1.3 STREET ADDRESS			3460 W. SUSAN AN.					8		
CITY-ST-ZIP CRYSTAL RIVER, FL 00000					1.4 CII				LECAUTO, FL 34461					ķ	
TIT		D			DELETE	2 1 Ti			50			Change	Addition	ζ	
NAI	ME		, Betty			22 N	AME			ISOU, SARA					
STREET ADDRESS 2030 S. SCHOONER DR				2.3 STREET ADDRE			ADDRESS	1517 S. FISHCREEK PT.					Ì		
CIT	Y-ST-ZIP	CRYST	AL RIVER FL			2.40	HTY-S	ST-ZIP	CAY	ISTAL RIVER 34	429				
TIT	LE	SD			DELETE	3.1 10	TLE		0			Change	☐ Addition		
NAI	ME		rson, thelma			3.2 N	AME	į	į						
817	REET ADDRESS		. HUNT POINT			3.3 \$	TREET	ADDRESS	•						
CITY-ST-ZIP CRYSTAL RIVER FL 34429						3.4. 0	ITY-S	ST-ZIP	ļ						
. <b>T</b> ITI		PD			DELETE	4.1 1)	TLE					Change	Addition	l	
NAI	vie ,	RIPPEY, DONALD			4. 2 N	IAME	ļ	ļ					ļ		
STREET ADDRESS 578 N. LAKE CIRCLE					4.3 S	TREET	ADDRESS						ļ		
	Y-ST-ZIP						T-ZIP	ļ			FT 4:	—	1		
	E ,				5.1 71						Change	Addition	١		
NAME (A) HAYDEN, FRANCIS					5.2 N		ļ	{							
STREET ADDRESS 14415 W EBBTIDE CT- CITY-ST-7/P CRYSTAL RIVER FL					5.3 STREET ADDRESS										
-	Y-ST-ZIP	DV	AL RIVER PL		T DELETE		IY-S	1-ZIP	ļ		<del></del>	Chanci	Addit-	-	
TITI		•	ELDED MADIODIE		DELETE	6 1 Tr						Change	Addition		
NAI	-		ELDER, MARJORIE			6.2 N								ļ	
1	LEET ADDRESS		B. OAKRIDGE DR. Cacca codinge ei :	34447				ADDRESS						1	
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34					han different and a second		TY-S		lated in C	Parties 110 07/01/11 Elevide Statut	16		4h =	1	

red nevery certify that the information supplied with this tiling does not quality 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 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if phanged, or on an attachment with an address.