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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # J59370

1. Corporation Name

O. K. Properties, Inc.

600001841306
-05/28/96--01052--014
***200.00

Principal Place of Business	Mailing Address
6600 Blanding Blvd. Jacksonville, Florida 32244	P O Box 7449 Jacksonville, FL 32238-0449

3. Date Incorporated or Qualified: 02-25-1987	3a. [illegible]: 03/10/95
4. FEI Number: 59-2781822	
5. Certificate of Status Desired [ ]	$8.75 [illegible]
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 [illegible]
8. This corporation is subject to [illegible] Florida Statutes: [X] yes [ ] no	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Deal, Keith M.
101 Barnett Regency Tower
Jacksonville, Florida 32225

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

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 — Date

12. OFFICERS AND DIRECTORS		
TITLE	P/D	☐ DELETE
NAME	McCorvey, H. Eugene	
STREET ADDRESS	5612 118th Street	
CITY-ST-ZIP	Jacksonville, Florida 32244	
TITLE	T/D	☐ DELETE
NAME	McCorvey, Kendra C.	
STREET ADDRESS	5612 118th Street	
CITY-ST-ZIP	Jacksonville, Florida 32244	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL OFFICERS TO BE ADDED
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Eugene McCorvey 5-196 904-777-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. EUGENE MCCORVEY, PRESIDENT