

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 APR 29 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077789 (3)

1. Corporation Name
OCALA CORPORATE, INC.



Principal Place of Business

1733 W FLETCHER AVE
TAMPA, FL
TAMPA FL 33612
US

Mailing Address

1733 W FLETCHER AVE
TAMPA, FL
TAMPA FL 33612-1820
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3275137

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

✓ WALTERS, CLIFFORD L
802 11TH ST. WEST
BRADENTON FL 34205

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ✓ LEVIN, RICHARD
STREET ADDRESS 7646 N. LOCKWOOD RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE VSD ☐ DELETE

NAME ✓ STEVEN LEVIN
STREET ADDRESS P.O. BOX 93-6280 N/A
CITY-ST-ZIP MARGATE FL 33093-6280

TITLE VS ☐ DELETE

NAME ✓ RICE, SUZANNE L
STREET ADDRESS 1733 W FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33612

TITLE VD ☒ DELETE

NAME ✓ RICHARD LEVIN
STREET ADDRESS 7646 LOCKWOOD RIDGE RD
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME ✓ MARK A FERRUCCI
STREET ADDRESS 1733 W FLETCHER AVE
CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME ✓ LEVIN, JILL
STREET ADDRESS P.O. BOX 11229 N/A
CITY-ST-ZIP KNOXVILLE, TN 37939

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002164363--7
-05/02/97--01133--001
3135.00 *165.00

APR 29/97

14. I do 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, changed, or on an attachment with an address.

SIGNATURE [Signature] 111 [Signature] [Signature] 2/18/97 422 584 4135

CR2E034 (9/96)