

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25600 (0)

1. Corporation Name
OCALA HEXAPORT, INC.



Principal Place of Business 1820 SW 37TH AVE OCALA FL 34474 US	Mailing Address 1820 SW 37TH AVE OCALA FL 34474 US
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3. Date Incorporated or Qualified 03/25/1988	Applied For <input type="checkbox"/>
4. FEI Number 59-2933946	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7 East Silver Springs Blvd	2a. Mailing Address 26 7 East Silver Springs Blvd
Suite, Apt. #, etc. 22 Suite 208	Suite, Apt. #, etc. 27 Suite 208
City & State 23 Ocala, Florida	City & State 28 Ocala, Florida
Zip 24 34470	Country 25 U.S.
Zip 29 34470	Country 30 U.S.

9. Name and Address of Current Registered Agent

**TROW, CHESTER J.
125 NORTHEAST FIRST AVENUE, SUITE 2
OCALA FL 32670**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEBY, HUGH T	1.2 NAME	
STREET ADDRESS	10890 SE 72ND TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, G. RANDY	2.2 NAME	D
STREET ADDRESS	1820 SW 37TH AVE	2.3 STREET ADDRESS	Villella, Thomas L.
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	4251 South Pine Avenue
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZURAWSKI, JOSEPH	3.2 NAME	
STREET ADDRESS	P.O BOX 1255 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANVOORHEES, R.C.	4.2 NAME	
STREET ADDRESS	8520 NW 63RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUFF, SAMUEL JR	5.2 NAME	Lauff, Samuel, Jr.
STREET ADDRESS	P O BOX 2754 N/A	5.3 STREET ADDRESS	P.O. BOX 2754 N/A
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, FL
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLMAN, GEORGE A	6.2 NAME	Hillman George A.
STREET ADDRESS	11501 NW 160TH AVE	6.3 STREET ADDRESS	11501 NW 160th Ave
CITY-ST-ZIP	MORRISTON FL	6.4 CITY-ST-ZIP	Morrison FL

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

SIGNATURE: *[Signature]* 12-12-98 (352) 732-3550

CFR2037 (10/97)