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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25600**

1. Corporation Name
OCALA HEXAPORT, INC.

Principal Place of Business	Mailing Address
7 E SILVER SPRGS BLVD #208 OCALA FL 34470 US	7 E SILVER SPRGS BLVD #208 OCALA FL 34470 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 03/25/1988

4. FEI Number: 59-2933946 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VILLELLA, THOMAS L		2.2 NAME	VILLELLA, THOMAS L	
STREET ADDRESS	4251 S PINE AVE		2.3 STREET ADDRESS	1203 SW 12TH STREET, SUITE 7	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAUFF, SAMUEL JR ✓		5.2 NAME		
STREET ADDRESS	P O BOX 2754 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	HILLMAN, GEORGE A		6.2 NAME	DEATON, JOHN S.	
STREET ADDRESS	11501 NW 160TH AVE		6.3 STREET ADDRESS	2130 SW 37TH STREET ROAD	
CITY-ST-ZIP	MORRISTON FL		6.4 CITY-ST-ZIP	OCALA, FL 34474	

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, with all other like empowered.

SIGNATURE: ✓ HUGH T. APPLEBY SIGNATURE REQUIRED Hugh T. Appleby 4/20/99 (352) 245-8304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)