

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N25600**

1. Entity Name  
OCALA HEXAPORT, INC.



Principal Place of Business  
2000 SW 60TH AVENUE  
OCALA, FL 34474 US

Mailing Address  
P.O. BOX 6908  
OCALA, FL 34478 US



02082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2933946

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	POWELL, STEVEN T
STREET ADDRESS	4986 SW 7 AVE RD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	VILLELLA, THOMAS L
STREET ADDRESS	1203 SW ST STE 7
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	HALL, LANE
STREET ADDRESS	10755 N.E. 41ST TERRACE
CITY-ST-ZIP	ANTHONY, FL 32817
TITLE	STD
NAME	VANVOORHEES, R.C.
STREET ADDRESS	8520 NW 63RD ST
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	ADAMS, DANIEL P
STREET ADDRESS	2251 S.W. 90TH STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	PD
NAME	DEATON, JOHN S
STREET ADDRESS	2130 SW 37TH ST RD
CITY-ST-ZIP	OCALA, FL 34474

U00000514613  
04/29/06-80178-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN T POWELL 4/11/06 352 73  
0339