

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 A**  
**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



02052008 No Chg-NP

CR2E037 (4/06)

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000864895

04/07/08-80005-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
POWELL, STEVEN T  
4986 SW 7 AVE RD  
OCALA, FL 34474

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VILLELLA, THOMAS L  
1203 SW ST STE 7  
OCALA, FL 34474

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HALL, LANE  
10755 N.E. 41ST TERRACE  
ANTHONY, FL 32617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
VANVOORHEES, R.C.  
8520 NW 63RD ST  
OCALA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADAMS, DANIEL P  
2251 S.W. 90TH STREET  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DEATON, JOHN S  
2130 SW 37TH ST RD  
OCALA, FL 34474

**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 #

3/18/08 352 732 0339