2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# N25600

Entity Name: OCALA HEXAPORT, INC.

Current Principal Place of Business:

2000 SW 60TH AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6908
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2933946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R. WILLIAM FUTCH,PA
610 SE 17TH STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: POWELL, STEVEN T
Address: 4986 SW 7 AVE RD
City-St-Zip: OCALA, FL 34471 UN

Title: D
Name: VILLELLA, THOMAS L
Address: 1203 SW ST STE 7
City-St-Zip: OCALA, FL 34474 UN

Title: D
Name: HALL, LANE
Address: 10755 N.E. 41ST TERRACE
City-St-Zip: ANTHONY, FL 32617 UN

Title: D
Name: VANVOORHEES, R.C.
Address: 8520 NW 63RD ST
City-St-Zip: OCALA, FL 34471 UN

Title: D
Name: ADAMS, DANIEL P
Address: 2251 S.W. 90TH STREET
City-St-Zip: OCALA, FL 34480 UN

Title: D
Name: DEATON, JOHN S
Address: 2130 SW 37TH ST RD
City-St-Zip: OCALA, FL 34474 UN

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN T. POWELL PRES 02/07/2012

Electronic Signature of Signing Officer or Director Date