

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25600

**Entity Name:** OCALA HEXAPORT, INC.**Current Principal Place of Business:**2000 SW 60TH AVENUE  
OCALA, FL 34474**Current Mailing Address:**P.O. BOX 6908  
OCALA, FL 34478 US**FEI Number:** 59-2933946**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**R. WILLIAM FUTCH, PA  
2201 SE 30TH AVENUE  
SUITE 202  
OCALA, FL 34471 US*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**Officer/Director Detail :**

Title	PD
Name	LAUFF, SAMUEL JR.
Address	9057 SE 72 AVENUE
City-State-Zip:	OCALA FL 34472

Title	D
Name	HALL, LANE
Address	10755 NE 41ST TERR
City-State-Zip:	ANTHONY FL 32617

Title	D
Name	LAUFF, SAM
Address	9057 SE 72ND AVE
City-State-Zip:	OCALA FL 34472

Title	D
Name	VILLELLA, THOMAS L
Address	1203 SW 12TH ST SUITE 7
City-State-Zip:	OCALA FL 34474

Title	D
Name	ADAMS, DANIEL P
Address	2251 SW 90TH ST
City-State-Zip:	OCALA FL 34476

*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:** SAMUEL LAUFF, JR.**PRESIDENT****02/11/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date