

2014 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
610 SE 17TH STREET
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	POWELL, STEVEN T
Address	4986 SW 7TH AVE RD
City-State-Zip:	OCALA FL 34471

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

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

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

Title	D
Name	VOORHEES, RC
Address	8520 NW 63RD ST
City-State-Zip:	OCALA FL 34482

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

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**PRESIDENT****02/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date