

2023 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 D
Name LAUFF, SAMUEL JR.
Address 9057 SE 72 AVENUE
City-State-Zip: OCALA FL 34472

Title D
Name JOSEPH, SAEZ III
Address 2116 SE 18TH TERRACE
City-State-Zip: OCALA FL 34471

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 PRESIDENT
Name ELLIOTT, MICHAEL W
Address 5060 NW HIGHWAY 225A
City-State-Zip: OCALA FL 34482

Title D
Name N6144, LLC
Address 40 SE 11TH AVENUE
City-State-Zip: OCALA FL 34471

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: MICHAEL W ELLIOTT

PRESIDENT

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date