

**2018 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 LAUFF, SAMUEL JR.  
Address 9057 SE 72 AVENUE  
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 HALL, LANE  
Address 10755 NE 41ST TERR  
City-State-Zip: ANTHONY FL 32617

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

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

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:** SAMUEL LAUFF, JR.

**PRESIDENT**

**01/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date