FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **179459** **(3)**

1. Corporation Name

OCALA CLEAT COMPANY

Principal Place of Business	Mailing Address
377 N.W. 14TH STREET P.O. BOX 1389 OCALA FL 32678	377 N.W. 14TH STREET P.O. BOX 1389 OCALA FL 32678

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) 34478 Country (25)	Zip (29) 34478 Country (30)

3. Date Incorporated or Qualified: 07/01/1954
3a. Date of Last Report: 06/16/1995
4. FEI Number: 59-0721186 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

MOXON,JAMES G
377 N.W. 14TH STREET
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name: Henry J.G.Moxon
82 Street Address (P.O. Box Number is Not Acceptable): 377 NW.14th St.
83: c/o P.O.Box 1389
84 City: Ocala,FL. 34478 FL 85 Zip Code: 34478

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Henry J.G. Moxon Henry J.G. Moxon Date: 4/15/96
Signature, typed or printed name of individual and capacity or relationship to corporation

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MOXON,JAMES G		1.2 NAME	Henry J.J.Moxon	
STREET ADDRESS	1317 N. MAGNOLIA AVENUE		1.3 STREET ADDRESS	377 N.W.14th St.	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala,FL. 34478	
TITLE	VDS	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MOXON, HENRY J G		2.2 NAME	Ethel Jackson	
STREET ADDRESS	1317 N MAGNOLIA AVE		2.3 STREET ADDRESS	377 N.W.14th St.	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala,FL. 34478	
TITLE		☐ DELETE	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME			3.2 NAME	Marjorie A.M .Swearingen	
STREET ADDRESS			3.3 STREET ADDRESS	377 N.W.14th St.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Ocala,FL. 34478	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry J.G. Moxon 4/15/96 Henry J.G. Moxon Date P 732-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #