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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 179459 (3)

1. Corporation Name
OCALA CLEAT COMPANY



Principal Place of Business
377 N.W. 14TH STREET
P.O. BOX 1389
OCALA FL 34478
US

Mailing Address
377 N.W. 14TH STREET
P.O. BOX 1389
OCALA FL 34478-1389
US

3. Date Incorporated or Qualified
07/01/1954

3a. Date of Last Report
04/18/1996

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MOXON, HENRY J.G.
377 NW 14TH STREET
P.O. BOX 1389
OCALA FL 34478

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MOXON, HENRY J.G.	1.2 NAME	
STREET ADDRESS	377 NW 14TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	JACKSON, ETHEL	2.2 NAME	MICHAEL A. MOXON
STREET ADDRESS	377 NE 14TH STREET	2.3 STREET ADDRESS	377 NW 14TH ST
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL 34475
TITLE	STD	3.1 TITLE	
NAME	SWearingen, Marjorie	3.2 NAME	
STREET ADDRESS	377 NW 14TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
Henry J.G. Moxon
President

Date

Daytime Phone

4/7/97

152-7320167

CR2E034 (9/96)