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 # **194185** **(5)**

1. Corporation Name

OZELLO DEVELOPMENT INC

Principal Place of Business

MOOREHAVEN COURT
P O BOX 1088
CRYSTAL RIVER FL 32623-1088

Mailing Address

MOOREHAVEN COURT
P O BOX 1088
CRYSTAL RIVER FL 32623-1088

3. Date Incorporated or Qualified: **06/28/1956**

3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: **59-6067273** ☐ 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

CARROLL,A T
MOOREHAVEN COURT
P.O.BOX 1088
CRYSTAL RIVER FL 34423

10. Name and Address of New Registered Agent

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

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 _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CARROLL, A T	
STREET ADDRESS	MOOREHAVEN COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VD	☐ DELETE
NAME	CRIPPEN, ELSIE V.	
STREET ADDRESS	40 S.E. 11TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	☐ DELETE
NAME	CARROLL, I.M.	
STREET ADDRESS	MOOREHAVEN COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	☐ DELETE
NAME	CARROLL, R.T.	
STREET ADDRESS	LOT 28, MAGNOLIA ST.	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 X in Block 13.

SIGNATURE: Elsie V. Crippen V. P. 3/22/96 352-694-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)