

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 262881 (6)

1. Corporation Name
O'CAIN, INC.

Principal Place of Business

**2100 JENKINS RD
P.O. BOX 496
MULBERRY FL 33860
US**

Mailing Address

**POB 496
MULBERRY FL 33860
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/20/1962** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-0978609** 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 2100 Jenkins Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 2100 Jenkins Rd.
Suite, Apt. #, etc.

22 City & State

23 Mulberry, FL.

27 City & State

28 Mulberry, FL.

24 Zip **33860** Country **25 US**

29 Zip **33860** Country **30 US**

9. Name and Address of Current Registered Agent

**O'CAIN PHILLIP P
2100 JENKINS ROAD
MULBERRY FL 33860**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VT	O CAIN, EUNICE P.	2100 JENKINS RD	MULBERRY FL
PS	O CAIN, PHILLIP P.	10 DIESEL RD	MULBERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME	☐	☐
13 STREET ADDRESS	☐	☐
14 CITY - ST - ZIP	☐	☐
21 TITLE	☐	☐
22 NAME	☐	☐
23 STREET ADDRESS	☐	☐
24 CITY - ST - ZIP	☐	☐
31 TITLE	☐	☐
32 NAME	☐	☐
33 STREET ADDRESS	☐	☐
34 CITY - ST - ZIP	☐	☐
41 TITLE	☐	☐
42 NAME	☐	☐
43 STREET ADDRESS	☐	☐
44 CITY - ST - ZIP	☐	☐
51 TITLE	☐	☐
52 NAME	☐	☐
53 STREET ADDRESS	☐	☐
54 CITY - ST - ZIP	☐	☐
61 TITLE	☐	☐
62 NAME	☐	☐
63 STREET ADDRESS	☐	☐
64 CITY - ST - ZIP	☐	☐

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phillip P. O'Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip P. O'Cain Sr. 4/27/95

Date

(813) 425-4171