

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 # 262881 (6)

1. Corporation Name
O'CAIN, INC.



Principal Place of Business

2100 JENKINS ROAD
MULBERRY FL 33860
US

Mailing Address

2100 JENKINS ROAD
MULBERRY FL 33860
US

3. Date Incorporated or Qualified
09/20/1962

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
59-0978609

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CAIN PHILLIP P
2100 JENKINS ROAD
MULBERRY FL 33860

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT
NAME O'CAIN, EUNICE P.
STREET ADDRESS 2100 JENKINS RD
CITY-ST-ZIP MULBERRY FL
☒ DELETE

TITLE PS
NAME O'CAIN, PHILLIP P.
STREET ADDRESS 10 DIESEL RD
CITY-ST-ZIP MULBERRY FL
☐ DELETE

TITLE Vice President
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President
O'CAIN, PHILLIP P. Sr.
2100 Jenkins Rd.
Mulberry, FL. 33860
☒ Change ☐ Addition

Vice President
David Ryan O'CAIN
2100 Jenkins Rd.
Mulberry, FL. 33860
☐ Change ☒ Addition

Patti P. O'CAIN
2100 Jenkins Rd.
Mulberry, FL. 33860
Secretary Treasurer
☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

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

March 06, 1996 941 425 4171
Date Daytime Phone #

CR2E034 (12/95)