

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33860-0296 US
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2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/20/1962	3a. Date of Last Report 03/11/1996	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			

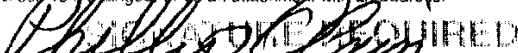
9. Name and Address of Current Registered Agent O'CAIN PHILLIP P 2100 JENKINS ROAD MULBERRY FL 33860	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to 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 reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	ST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition							
NAME	O'CAIN, PATTI P.		1.2 NAME								
STREET ADDRESS	2100 JENKINS ROAD		1.3 STREET ADDRESS								
CITY-ST-ZIP	MULBERRY FL		1.4 CITY-ST-ZIP								
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition							
NAME	O'CAIN, PHILLIP P. SR.		2.2 NAME								
STREET ADDRESS	2100 JENKINS ROAD		2.3 STREET ADDRESS								
CITY-ST-ZIP	MULBERRY FL 33860		2.4 CITY-ST-ZIP								
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition							
NAME	O'CAIN, DAVID RYAN		3.2 NAME								
STREET ADDRESS	2100 JENKINS ROAD		3.3 STREET ADDRESS								
CITY-ST-ZIP	MULBERRY FL 33860		3.4 CITY-ST-ZIP								
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								

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:


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

04/21/97 (941)425-4171

Date Daytime Phone #
0390265

CR2E034 (9/96)