

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 696205 (4)

1. Corporation Name

OCTOPUS INVESTMENT CO.



Principal Place of Business

1150 EAST PLANT STREET  
P.O. DRAWER 490  
OCFEE FL 34761-7490

Mailing Address

1150 EAST PLANT STREET  
P.O. DRAWER 490  
OCFEE FL 34761-7490

3. Date Incorporated or Qualified

07/27/1981

3a. Date of Last Report

06/07/1995

2. Principal Place of Business

2a. Mailing Address

21 1150 East Plant Street

26 1150 East Plant Street

4. FEI Number

59-2170264

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

LAMAN, G DOUGLAS  
1150 E PLANT ST  
WINTER GARDEN FL 34787-9942

10. Name and Address of New Registered Agent

81 Name Laman, George I.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1150 East Plant Street  
83  
84 City Winter Garden FL 85 Zip Code 34787

11. Pursuant to the provisions of Sections 607.0500 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 607.0500, Florida Statutes.

SIGNATURE

George I. Laman

4-17-96  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
C	LAMAN, GEORGE I	1150 E PLANT ST	WINTER GARDEN FL	<input type="checkbox"/>
VD	LAMAN, G DOUGLAS	1150 E PLANT ST	WINTER GARDEN FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. <input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	4. NAME	5. STREET ADDRESS	6. CITY - ST - ZIP	7. <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	5. NAME	6. STREET ADDRESS	7. CITY - ST - ZIP	8. <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	9. <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	7. NAME	8. STREET ADDRESS	9. CITY - ST - ZIP	10. <input type="checkbox"/> Change <input type="checkbox"/> 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 a 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, unchanged, or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

407-877-6413

CR2E034 (12/95)