22-95 A-273 - C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 130.00 24

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727675** (1)

1. Corporation Name
OCALA EAST VILLAS, INCORPORATED

Principal Place of Business	Mailing Address
6120 NORTHEAST 7TH STREET OCALA FL 34470-8742	6120 NORTHEAST 7TH STREET OCALA FL 34470-8742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1973
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2091968 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent
JONES, ERMA
420 NE 63RD CT
OCALA FL 34470

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, ERMA	1.2 NAME	
STREET ADDRESS	420 NE 63RD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	JOY, GLORIA	2.2 NAME	HERMAN BREWER
STREET ADDRESS	60 NE 63RD CT	2.3 STREET ADDRESS	6570 N.E. 2nd PL.
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FINCH, NELLIE	3.2 NAME	
STREET ADDRESS	475 NE 63RD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BILL	4.2 NAME	
STREET ADDRESS	6564 NE 1ST LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	LONG, MARGARET	5.2 NAME	JOHN LANOUE
STREET ADDRESS	6532 NE 2ND ST	5.3 STREET ADDRESS	500 N.E. 63rd ct.
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	HIXENBAUGH, WILLAIM	6.2 NAME	
STREET ADDRESS	35 NE 63RD CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Hixenbaugh William Hixenbaugh 1-18-95 904-236-2441
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065152