

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$159 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$309)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 9:23

DOCUMENT # 757826 (3)
1. Corporation Name

OJC FARM OWNERS ASSOCIATION NO. 1, INC.

Principal Place of Business 8720 W HWY 318 REDDICK FL 32688 US	Mailing Address 8720 W HWY 318 REDDICK FL 32688 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1981	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2212949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for a franchise fee under s. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

**HOGAN, BARBARA
17180 N.W. 87TH AVENUE ROAD
REDDICK FL 32688**

10. Name and Address of New Registered Agent

81 Name **SAMUEL D. GRANT**
82 Street Address (P.O. Box Number is Not Acceptable) **13785 S.E. 39th TERRACE**
83
84 City **SUMMERFIELD, FL** 85 Zip Code **34491**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Samuel D. Grant* **SAMUEL D. GRANT** *ST* **6/7/95**
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	PD LACROIX, BARBARA 8720 W. HIGHWAY 318 REDDICK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LACROIX, DAVID 8720 W. HIGHWAY 318 REDDICK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOGAN, BARBARA J. 17180 N.W. 87TH AVE RD REDDICK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURTON, DAVID 7250 SOUTH GARY TULSA OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ST GRANT, SAMUEL D.
33 STREET ADDRESS	13785 S.E. 39th TERRACE
34 CITY - ST - ZIP	SUMMERFIELD, FL. 34491
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DELETE DAVID BURTON
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(a), 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel D. Grant* **SAMUEL D. GRANT** *ST* **6/7/95** (904) 591-5953
Signature, typed or printed name of signing officer or director. Date. District Office #

CR2E037 (3/95)