

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 757826 (3)
 1. Corporation Name

OJC FARM OWNERS ASSOCIATION NO. 1, INC.



Principal Place of Business: 8720 W HWY 318, REDDICK FL 32686, US
 Mailing Address: 8720 W HWY 318, REDDICK FL 32686, US

3. Date Incorporated or Qualified: 05/01/1981
 3a. Date of Last Report: 06/12/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2212949
 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: GRANT, SAMUEL D, 13785 S.E. 39TH TERRACE, SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent (81-84): STANTON, BARBARA, 9628 SW 74 AVE, Ocala, FL 34476

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: Barbara Stanton, BARBARA STANTON, DATE: 8/2/96

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	LACROIX, BARBARA	
STREET ADDRESS	8720 W. HIGHWAY 318	
CITY - ST - ZIP	REDDICK FL	
TITLE	D	DELETE
NAME	LACROIX, DAVID	
STREET ADDRESS	8720 W. HIGHWAY 318	
CITY - ST - ZIP	REDDICK FL	
TITLE	ST	DELETE
NAME	GRANT, SAMUEL D	
STREET ADDRESS	13785 S.E. 39TH TERRACE	
CITY - ST - ZIP	SUMMERFIELD FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	ST	Change	Addition
3.2 NAME	STANTON, BARBARA		
3.3 STREET ADDRESS	9628 SW 74 AVE		
3.4 CITY - ST - ZIP	OCALA, FL 34476		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARBARA LACROIX, DATE: 8/2/96, Daytime Phone #: 352 591-1212

CR2E037 (3/96)