2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001683

1. Entity Name
OCALA MANUFACTURING CO., LTD.

Principal Place of Business	Mailing Address
4809 EAST COUNTY ROAD 466 OXFORD, FL 34484	P.O. BOX 370 OXFORD, FL 34484-0370

03012004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1512020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, C. WINSTON JR. 4809 EAST COUNTY ROAD 466 OXFORD, FL 34484	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$7,597,184.00	10. Amount of Capital Contributions in FLORIDA to date.	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	COLLINS, MARTHA A	CITY-ST-ZIP	U00000162052
STREET ADDRESS	4809 EAST COUNTY ROAD 466		06/03/04-80006-014 526.25
CITY-ST-ZIP	OXFORD, FL 34484		
DOCUMENT #	P97000056450	STREET ADDRESS	
NAME	J.A. BAILEY CORP.	CITY-ST-ZIP	
STREET ADDRESS	4809 EAST COUNTY ROAD 466		
CITY-ST-ZIP	OXFORD, FL 34484		
DOCUMENT #	P97000056454	STREET ADDRESS	
NAME	C. W. BAILEY, JR. CORP.	CITY-ST-ZIP	
STREET ADDRESS	4809 EAST COUNTY ROAD 466		
CITY-ST-ZIP	OXFORD, FL 34484		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: /s/ Clyde Winston Bailey Jr. 5/12/04 (352) 748-6623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #