

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90094 007 ***150.00

DOCUMENT # F02000005631

1. Entity Name
OCALA MAIN FL, INC.



Principal Place of Business
**2635 E. MILLBROOK ROAD
RALEIGH, NC 27604**

Mailing Address
**CHARLES E. GARRISON
P.O. BOX 26006
RALEIGH, NC 27611**

14005544



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1286518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAVRACK, WAYNE D
STREET ADDRESS	2635 E. MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	V
NAME	KUYKENDALL, WILLIAM D
STREET ADDRESS	2635 E. MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	VD
NAME	GARDNER, JOHN W
STREET ADDRESS	2635 E. MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	T
NAME	GUURLINGER, RICHARD B
STREET ADDRESS	2635 E. MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	SD
NAME	GARRISON, CHARLES
STREET ADDRESS	2635 E. MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	AS
NAME	JOHNSON, J. HINES III
STREET ADDRESS	2635 E. MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES E. GARRISON 4/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #