FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

ROUTE 2. BOX 399

10863 EAST STATE ROAD 40

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ROPAT OF OCALA, INC.

Principal Place of Business

10863 EAST STATE ROAD 40

ROUTE 2. BOX 399

Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # F91067 (1)

FILED Jan 16 1997 8:00am Secretary of State



2. Principal Place of Busines 3. Pet Number 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Principal Place of Busines 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Principal Place of Busines 6. Election Campaign Financing 7. Trust Fund Contribution 7. Principal Place of Busines 8. Principal Place of Busines 8. Principal Place of Busines 8. Certificate of Status Desired 7. Principal Place of Busines 8. Certificate of Status Desired 8. Election Campaign Financing 7. Trust Fund Contribution 8. This corporation has liability for intangible ta Florida Statutes 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable)	No gent 85 Zip Code 34422
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27 City & State City & State 28 Country 7/p Country 29 30 State 29 30 Street Address of New Registered Agent PAINTER, PATRICIA K. 10863 E. STATE RD 40 SILVER SPRINGS FL 32686 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 confice 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 appoint agent 1 am farmed with, and accept the obligations of, Section 607-0505, Florida Statutes SIGNATURE Signature, specific pointed insure of registered agent agent of section 607 and section 607-0505. Florida Statutes (ROTE Registered Agent signature required when reinstating) DATE	Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 Zip Code
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12. ADDITIONAL MANGES TO CHEILENS AND I.	NOTOTODO INTA
	Change Addition
NAME PAINTER, ROBERT J SR 12 NAME	_ Change Addition
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	Change Addition
NAME PAINTER, ROBERT JOHN JR. 32 NAME	
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CITY-ST-ZIP SILVER SPRING FL 34488 34 CITY-ST-ZIP	
	Change Addition
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CITY - ST - ZIP 64 CITY - ST - ZIP	

I do 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 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 607, Florida Statutes; and that my name

SIGNATURE:

9/97 (352)625-2020