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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G15684

1. Corporation Name
OJM DEVELOPMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8665 SW 104TH LANE<br>OCALA FL 34481<br>US | 8665 SW 104TH LANE<br>OCALA FL 34481<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1982

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 11637 SW 90th Terrace | 2a. Mailing Address<br>26 11637 SW 90th Terrace | 4. FEI Number<br>59-2242885 | ☐ Applied For<br>☐ Not Applicable |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State<br>23 OCALA, FL | City & State<br>28 OCALA, FL | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip / Country<br>24 34481 25 US | Zip / Country<br>29 34481 30 US | 8. This corporation owes the current year Intangible Personal Property Tax. | ☐ Yes ☒ No |

9. Name and Address of Current Registered Agent

GHUMMAN, KULBIR
8665 S.W. 104TH LANE
OCALA FL 32676

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11637 SW 90th Terrace
83
84 City: OCALA FL 85 Zip Code: 34481

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 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>GHUMMAN, KULBIR<br>8665 SW 104 LANE<br>OCALA FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>11637 SW 90th Terrace<br>OCALA, FL 34481 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>BELL, JAMES A.<br>8665 SW 104TH LANE<br>OCALA FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>11637 SW 90th Terrace<br>OCALA, FL 34481 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>300002892423--8<br>-06/02/99--01045--008<br>****551.25 *****61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 5/20/99

CR2E034 (11/98)