

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

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Jun 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H96475 (9)
1. Corporation Name
M & R DEVELOPERS OF OCALA, INC.



Principal Place of Business
% MICHAEL RIZZO
10275 S.W. 27TH AVE.
OCALA FL 32676-7511

Mailing Address
P. O. BOX 770296
OCALA FL 34477-0296
US

3. Date Incorporated or Qualified
01/29/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business 21 Victor Rizzo Suite, Apt. #, etc. 22 10694 SW 67 Ave City & State 23 Ocala Fla Zip 24 34476	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 59-3009873	Applied For Not Applicable
		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 RIZZO, MICHAEL 10275 S.W. 27TH AVE. OCALA FL 32675	10. Name and Address of New Registered Agent 81 Name Rizzo Victor 82 Street Address (P.O. Box Number is Not Acceptable) 10694 SW 67 AVE 83 84 City Ocala Fla FL 85 Zip Code 34476
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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 *Vic Rizzo* DATE 6-2-97
Signature, typed or printed name of registered agent and title if applicable (NOT: 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	PVS RIZZO, VICTOR 10442 SW 52ND COURT OCALA FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	same same 10694 SW 67 AVE Ocala Fla ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIZZO, VICTOR 10894 S. W. 67TH AVENUE OCALA FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIZZO, JOAN 10275 S. W. 27TH AVENUE OCALA FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Victor Rizzo 10694 SW 67 AVE Ocala Fla ☒ Change ☐ Addition
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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)

352-102-97 327-3335