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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90261 027 \*\*\*150.00

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DOCUMENT # J28641

1. Corporation Name

OPB, INC.

Principal Place of Business

439 N.E. 9TH AVENUE  
GAINESVILLE FL 32601

Mailing Address

439 N.E. 9TH AVENUE  
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1986

4. FEI Number

59-2717163

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 owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 439 NE 9 Ave

Suite, Apt. #, etc.

22

City & State

23 Gainesville FL

Zip

24 32601

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FORSMAN, ELIZABETH  
439 N.E. 9TH AVE.  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Elizabeth R Forsman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FORSMAN, ELIZABETH R

STREET ADDRESS 439 NW 9TH AVE.

CITY-ST-ZIP GAINESVILLE FL 32609

TITLE VP ☐ DELETE

NAME FORSMAN, MARION E

STREET ADDRESS 439 NE 9TH AVE.

CITY-ST-ZIP GAINESVILLE FL 32601

TITLE S ☐ DELETE

NAME TRAGASH, JENNIFER

STREET ADDRESS 2901 S.E. 8 DRIVE

CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

Elizabeth R Forsman

ELIZABETH R FORSMAN

Date

Daytime Phone #

2/17/99 352-3727974

CR2E034 (11/98)