2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # J39266

1. Entity Name
O. I. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
613-B BEACHVIEW DR. ST SIMONS ISLD, GA 31522 US	P.O. BOX 20287 ST SIMONS ISLD, GA 31522 US

04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2743368

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZELL, ROYALD A.
2225 CLIMBING IVY DR
TAMPA, FL 33618

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZELL, ROYALD A.
STREET ADDRESS	2225 CLIMBING IVY DR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	ZELL, DALE L.
STREET ADDRESS	2225 CLIMBING IVY DR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	DP
NAME	ZELL, HAROLD E.
STREET ADDRESS	101 WORTHING STR
CITY-ST-ZIP	ST SIMONS ISLD, GA 31522
TITLE	D
NAME	ZELL, LUCY D.
STREET ADDRESS	101 WORTHING STR
CITY-ST-ZIP	ST SIMONS ISLD, GA 31522
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80011-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Harold E. Zell HAROLD E. ZELL 4/24/06 912 9960338
SIGNATURE AND OFFICER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #