

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J47833

(5)

1. Corporation Name

GAP OF OCALA CORP.



Principal Place of Business

Mailing Address

~~10450 S.E. 143RD ST.
SUMMERFIELD FL 34491
US~~

~~10450 S.E. 143RD ST.
SUMMERFIELD FL 34491
US~~

2. Principal Place of Business

2a. Mailing Address

21 400 S.W. 18TH ST.

26 P.O. Box 4697

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

OCALA, FL

OCALA, FL

24 Zip

25 Country

29 Zip

30 Country

34474

U.S.A.

34478-4697

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/18/1986

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2755830

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

FOSTER, ANNE S.
10450 S E 143RD STREET
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name

JOHN H. GHANNAM

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

400 S.W. 18TH ST.

83

84 City

OCALA

FL

85 Zip Code

34474

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 607.0606, Florida Statutes.

SIGNATURE

JOHN H. GHANNAM

[Signature]

11 JUN 96

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE

NAME FOSTER, ANNE S.
STREET ADDRESS 10450 S.E. 143RD STREET
CITY - ST - ZIP SUMMERFIELD FL

TITLE VD ☒ DELETE

NAME TREMBLAY, PEGGY ANN
STREET ADDRESS 3475 S.E. 41ST PLACE
CITY - ST - ZIP OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 P/T/S/D ☐ Change ☒ Addition

1.2 NAME JOHN H. GHANNAM
1.3 STREET ADDRESS 400 S.W. 18TH ST
1.4 CITY - ST - ZIP OCALA, FL 34474

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN H. GHANNAM

11 JUN 96 (352) 867-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type or Print Name)

CR2E034 (3/96)