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Jan 29 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 # J76314 (0)
1. Corporation Name
OCELOT INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~O/O JAMES J. BILLIK~~
15702 ACORN CIRCLE
TAVARES FL 32778

15702 ACORN CIRCLE
TAVARES FL 32778-9746
US



2. Principal Place of Business

2a. Mailing Address

21 15702 ACORN CIRCLE
Suite, Apt. #, etc.

26 15702 ACORN CIRCLE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAVARES, FL

28 TAVARES, FL

24 Zip Country
32778 USA

29 Zip Country
32778 USA

3. Date Incorporated or Qualified

06/05/1987

3a. Date of Last Report

04/17/1996

4. FEI Number

15-9369260

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

10. Name and Address of New Registered Agent

BILLIK, JAMES J.
15702 ACORN CIRCLE
TAVARES FL 32778

81 Name

JAMES J. McLAUGHLIN

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

15702 ACORN CIRCLE

83

84 City

TAVARES

FL

85 Zip Code
32778

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

James J. McLaughlin

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BILLIK, JAMES J.
STREET ADDRESS 15702 ACORN CIRCLE
CITY-ST-ZIP TAVARES FL 32778

1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME McLAUGHLIN, JAMES J.
1.3 STREET ADDRESS 15702 ACORN CIRCLE
1.4 CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☒ DELETE
NAME BILLIK, SUSAN
STREET ADDRESS 15702 ACORN CIRCLE
CITY-ST-ZIP TAVARES FL 32778

2.1 TITLE D ☒ Change ☒ Addition
2.2 NAME McLAUGHLIN, SUSAN
2.3 STREET ADDRESS 15702 ACORN CIRCLE
2.4 CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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 custodian and execute this report as required by Chapter 19, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James J. Billik

352-343-3515

CR2E034 (9/96)