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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997					Secretary of State DIVISION OF CORPORATIONS			NS	Secretary of State					
	OCUI Corporation MOTES,	MENT # Name INC:	J84082		(3)	***************************************	****							
Pri	nopa! Place	a of Business		Maili	ng Address					DIGIT DIGIT GIGIT GIGH		1011 1001		
% MARY VIRGINIA MOTES RT. 4 BOX 858														
	4. BOX B60 ATKA FL 32			PALA US	TKA FL 32177-8349				ļ					
									<ol> <li>Date Incorporated or Qualified 07/23/1987</li> </ol>	3a, Date of L 01/30/19		port		
	Principal Pi	lace of Busine	SS	<del> </del>	lailing Address				4. FEI Number		<del></del>	olied For	]	
21	Suito And	uite Ap: # etc.			Suite Apt. #, etc.				59-2865691	_ 60	<del></del> -	Applicable dditional	-	
22	Sind Art & GC.			27					6. Certificate of Status Desired	1 1 7 - 1	e Rec			
23	City & State			City & State					Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees		
	Ζιρ		Country	J	ip	Cour	ntry		8. This corporation has liability for		der s.	199.032,	Ì	
24		o Name a	od Address of Curren	29 t Register	red Agent	30			Florida Statutes  10. Name and Address of New Re	Yes No			4	
	MOT	ES, MARY V		t ttogisto.	od Pgont		81	Name	10, radio dia Addida di 1166 ile	gratered Agent			1	
		4, BOX 860				}	82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)			-	
		4, BOX 861				Į		Difect Add	areas ( .o. box Normer is Not Acceptate	· · · · · · · · · · · · · · · · · · ·				
	PAL	atka FL 320	77			1	83						Ì	
			•			ł	84	City		FL 85	Zip C	ode	-	
11	Parsuae* I	to the provision	is of Sections 607 050	2 and 607	1508 Florida Statu	tes the ab	Ove-	named cor	poration submits this statement for the p	Urpose of chang	ina its	registered	-	
	office or n	egistered ager m taoil ar with	it, or both, in the State	of Florida.	Such change was Section 607.0505. F	authorized	l by utes.	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	t the appointme	nt as r	egistered		
	SNATURE 🗸	to 11	111/20						4	29.9	1		ĺ	
		Signature 1475 of	protect name of registered age OFFICERS AN				Agen	t signature requ	uired when reinstating)	DATE	3700	20140	١,	
12		ŠŤ	OFFICENS AN	JUNECT	DELETE	13.	LE		ADDITIONS/CHANGES TO OFFIC	Cha		Addition	-   }	
NA		MOTES, FRED JEFFERSON						AE			•			
511	EET ADDRESS	RT. 4 BOX				1.3 ST	REFT A	DDRESS					li	
Cit	Y-S1-7IP	PALATKA I	<u> </u>			1.4 CI	TY - ST	- ZIP						
ы	į				☐ DEFE1E	2111				☐ Cha	เกฐย	Addition	1	
NA	ZE LEET ADDRESS (					22 NA		PPDCCC					ļ	
	V-SU-7IP					2.4 CI		DDRESS					1	
117	~				DELETE	3.1 TIT				Cha	inge	Addition	1	
NA	ME					3.2 NA	ME						1	
SI	EELADORESS					3 3 ST	REET A	DDRESS					ļ	
	Y 51-7/P				DELETE	34. CI		- ZIP				4 4 4 1 5	4	
111					[] Origin	4.1 317				[_] Cha	nige.	Addition	1	
NA*	e: Relademens					4. 2 N/		ADDRESS					\	
1	Y ST-ZIF		1			4.4 CI		1						
J					DELETE	5.1 711		-::		☐ Cha	ınge	Addition	1	
NA	sn J					5.2 NA	ME	1						
SH	RELL ADDRESS					5.3 ST	reet #	DORESS						
	Y-\$1-7IP				Dhire	5.4 Ci1		-ZIP		T CA		1 1 2 2 2 2 2	-	
][! N/2					☐ DELETE	61 TII		}		∐ Cha	mge	Addition		
N/4   S14	ME GELADORESS	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				6.2 NA 6.3 ST		VDDRESS						
[	Y \$1-7i-	,				6.4 Ci							1	

14. I du 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.

SIGNATURE: 🤣

**FILED** 

May 13 1997 8:00am