

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K24588**

(1)

1. Corporation Name

O.F.E., INC.

Principal Place of Business

**1630 SANDALWOOD BLVD.
JACKSONVILLE FL 32216**

Mailing Address

**1630 SANDALWOOD BLVD.
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/20/1988

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2917096

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMALLEY, KATHIE
6666 S. BALLESTERO DRIVE
JACKSONVILLE FL 32217**

81 Name

STEPHEN O'NEILL

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

1450 OCEAN BLVD

83

84 City

ATLANTIC BEACH

FL

85 Zip Code

32232

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

Stephen E. O'Neill

Signature, type or printed name of registered agent, as applicable.

(NOTE: Registered Agent signature required when restoring)

DATE

26 APRIL 95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**
NAME **O'NEILL, STEPHEN E.**
STREET ADDRESS **1450 OCEAN BLVD.**
CITY - ST - ZIP **ATLANTIC BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD**
NAME **SMALLEY, KATHIE**
STREET ADDRESS **3666 S. BALLESTERO DR.**
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD**
NAME **O'NEILL, DINA J**
STREET ADDRESS **1450 OCEAN BLVD.**
CITY - ST - ZIP **ATLANTIC BEACH FL**

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

TITLE **AS**
NAME **BEAKES, O C**
STREET ADDRESS **836 RIVERSIDE AVE.**
CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen E. O'Neill

STEPHEN E. O'NEILL

10 APRIL 95

904 642 2229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number