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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Sccretary of State

FILED Apr 25, 1999 8:00 am Secretary of State

•	1999 🏻 🤏 🏝	DIVISION OF CO	DRPORATIONS	Secretary or	
				04-25-1999 90009 003 *	**450.00
DOCOL	MENT # L74201				
1. Corporation	n Name	MIC.			
PHEUISI	on Builders of Ocala,	INC.			a i
					eren anan anen aran erak isali
				1001/1011 ON LOUIS BIRDLE BIRDL	818)1 \$1811 81011 81811 81811 1881
Principal Place	e of Business	Mailing Address			
	LDERS OF OCALA INC.	PRECISION BUILDERS		Į.	
1195 NE 37TH OCALA FL 3447		1195 NE 37TH LANE OCALA FL 34479		DO NOT WRITE IN THIS	5 SPACE
US	79	US		3. Data Incorporated or Qualifed	
				05/17/1990	
2. Princ pal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3009936	Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee flequired
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	ntangible
24	25	29	10	Personal Property Tax.	☐ Yes 💆 No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	l Agent
204	KE LABBY O		81 Name		
DRAKE, LARRY C.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1195 NE 37TH LANE OCALA FL 34479					
ULA	LA FL 34479		83		
			84 City	Fil	85 Zip Code
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above-named ro	progration submits this statement for the purpose of	f changing its registered
ii. I disoam	- interpretations of a control of a control	L Citio Co , . Tooo, . To Too Carotto			
office of re	egistered agent, or b xin, in the State	of Florida. Such change was aut	thorized by the corpora	ation's board of directors. I hereby accept the appo	ointment as registered
agent I a	egistered agent, or bitti, it the state m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	thorized by the corpora	ttion's board of directors. I hereby accept the appo	ointment as registered
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14. I hereby certify that the information supplied with the villing does not quality for the exemption stated in Section 119.07(3 (i), Florida Statutes. I further cer ify 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 path; that I are an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter £07, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address with any there like empowered.

SIGNATURE: _______ SIGNATURE AND TYPED OR PIRE NAME OF