

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M91886** (5)

1. Corporation Name
OCKLAWAHA CONSERVATION GROUP, INC.



Principal Place of Business

**12744 CURLEY RD
SAN ANTONIO FL 33576
US**

Mailing Address

**PO BOX 156
SAN ANTONIO FL 33576
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**SUMNER, ROBERT D.
14150 SIXTH ST
DADE CITY FL 33525**

81 Name

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

83

84 City

FL 85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required for all filings)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DP	☐ DELETE
2. NAME	VOGEL, JACK	
3. STREET ADDRESS	E DARBY RD/POB 564	
4. CITY- ST- ZIP	SAN ANTONIO FL	
5. TITLE	DV	☐ DELETE
6. NAME	BROWN, BILLY E.	
7. STREET ADDRESS	1007 WEST CHURCH AVE.	
8. CITY- ST- ZIP	DADE CITY FL	
9. TITLE	DS	☐ DELETE
10. NAME	SUMNER, ROBERT D.	
11. STREET ADDRESS	14150 SIXTH ST.	
12. CITY- ST- ZIP	DADE CITY FL	
13. TITLE	D	☐ DELETE
14. NAME	SCHRADER, TERRENCE E	
15. STREET ADDRESS	12744 CURLEY RD	
16. CITY- ST- ZIP	SAN ANTONIO FL	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY- ST- ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

352-588-3141

CR2E034 (12/95)