

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M93372

(4)

95 JUN 29 AM 8:36

1. Corporation Name

B.B.S. OF OCALA, INC.

Principal Place of Business

Mailing Address

**3100 SW COLLEGE RD
 PADDOCK MALL
 OCALA FL 34474
 US**

**C/O DAVID A. BULLOCK
 1509 SE 3 AVE.
 OCALA FL 34471
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1988

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2906443

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24

25

Country

29

30

Country

7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLOCK, DAVID A
 1509 SE 3 AVE.
 OCALA FL 34471**

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**PSID
 BULLOCK, DAVID A
 1509 SE 3RD AVE.
 OCALA FL**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**VPD
 STEWART, JOHN
 4900 NE 2 LOOP
 OCALA FL**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. Bullock

6/27/95

629-4068