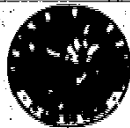


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25600

(0)

1. Corporation Name

OCALA HEXAPORT, INC.

Principal Place of Business

**1920 SE 37TH AVE
OCALA FL 34474
US**

Mailing Address

**1920 SE 37TH AVE
OCALA FL 34474
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1988

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2933946

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**TROW, CHESTER J.
125 NORTHEAST FIRST AVENUE, SUITE 2
OCALA FL 32670**

10. Name and Address of New Registered Agent

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 US if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	APPLEBY, HUGH T
STREET ADDRESS	10890 SE 72ND TERRACE
CITY - ST - ZIP	BELLEVIEW FL
TITLE	STD
NAME	MCCOY, G. RANDY
STREET ADDRESS	1920 SW 37TH AVE
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	SKIPPER, DAVID LEE
STREET ADDRESS	217 SE 1ST AVE.,
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	VANVOORHEES, R.C.
STREET ADDRESS	8520 NW 63RD ST
CITY - ST - ZIP	OCALA FL
TITLE	VD
NAME	LAUFF, SAMUEL JR
STREET ADDRESS	P O BOX 2754 N/A
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	HILLMAN, GEORGE A
STREET ADDRESS	11501 NW 160TH AVE
CITY - ST - ZIP	MORRISTON FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 617, 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 NAME OF SIGNING OFFICER OR DIRECTOR

Hugh T. Appleby

Jan. 18, 1995 (904) 237-4118