


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25600** (0)  
1. Corporation Name  
**OCALA HEXAPORT, INC.**

Principal Place of Business <b>1820 SW 37TH AVE OCALA FL 34474 US</b>	Mailing Address <b>1820 SW 37TH AVE OCALA FL 34474 US</b>
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3. Date Incorporated or Qualified <b>03/25/1988</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2933946</b>	

2. Principal Place of Business <b>21 7 East Silver Springs Blvd</b>	2a. Mailing Address <b>26 7 East Silver Springs Blvd</b>
Suite, Apt. #, etc. <b>22 Suite 208</b>	Suite, Apt. #, etc. <b>27 Suite 208</b>
City & State <b>23 Ocala, Florida</b>	City & State <b>28 Ocala, Florida</b>
Zip <b>24 34470</b>	Country <b>25 U.S.</b>
	Zip <b>29 34470</b>
	Country <b>30 U.S.</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>APPLEBY, HUGH T</b>	
STREET ADDRESS	<b>10890 SE 72ND TERRACE</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCOY, G. RANDY</b>	
STREET ADDRESS	<b>1920 SW 37TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZURAWSKI, JOSEPH</b>	
STREET ADDRESS	<b>P.O. BOX 1255 N/A</b>	
CITY-ST-ZIP	<b>ANTHONY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VANVOORHEES, R.C.</b>	
STREET ADDRESS	<b>8520 NW 63RD ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAUFF, SAMUEL JR</b>	
STREET ADDRESS	<b>P O BOX 2754 N/A</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLMAN, GEORGE A</b>	
STREET ADDRESS	<b>11501 NW 160TH AVE</b>	
CITY-ST-ZIP	<b>MORRISTON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Villella, Thomas L.</b>
2.3 STREET ADDRESS	<b>4251 South Pine Avenue</b>
2.4 CITY-ST-ZIP	<b>Ocala, Florida</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>STD Lauff, Samuel, Jr.</b>
5.3 STREET ADDRESS	<b>P.O. BOX 2754 N/A</b>
5.4 CITY-ST-ZIP	<b>Ocala, FL</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VD Hillman George A.</b>
6.3 STREET ADDRESS	<b>11501 NW 160th Ave</b>
6.4 CITY-ST-ZIP	<b>Morrison FL</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **H T A**

12-12-98 (352) 732-3550

CR2E037 (10/97)