

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90222 036 ****61.25

DOCUMENT # N25600

1. Corporation Name

OCALA HEXAPORT, INC.

Principal Place of Business

7 E SILVER SPRGS BLVD #208
OCALA FL 34470
US

Mailing Address

7 E SILVER SPRGS BLVD #208
OCALA FL 34470
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/25/1988

4. FEI Number

59-2933946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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 PD ☐ DELETE
NAME APPLEBY, HUGH T
STREET ADDRESS 10890 SE 72ND TERRACE
CITY-ST-ZIP BELLEVUE FL

TITLE D ☐ DELETE
NAME VILLELLA, THOMAS L
STREET ADDRESS 4251 S PINE AVE
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE
NAME ZURAWSKI, JOSEPH
STREET ADDRESS P.O. BOX 1255 N/A
CITY-ST-ZIP ANTHONY FL

TITLE D ☐ DELETE
NAME VANVOORHEES, R.C.
STREET ADDRESS 8520 NW 63RD ST
CITY-ST-ZIP Ocala FL

TITLE STD ☐ DELETE
NAME LAUFF, SAMUEL JR
STREET ADDRESS P.O. BOX 2754 N/A
CITY-ST-ZIP Ocala FL

TITLE VD ☒ DELETE
NAME HILLMAN, GEORGE A
STREET ADDRESS 11501 NW 160TH AVE
CITY-ST-ZIP MORRISTON FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

VILLELLA, THOMAS L
1203 SW 12TH STREET, SUITE 7
OCALA, FL 34474

VD
DEATON, JOHNS.
2130 SW 37TH STREET ROAD
OCALA, FL 34474

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, with all other like empowered.

SIGNATURE: H. T. Appleby 4/20/99 (352) 245-8304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037- (1/1/98)

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