

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N25600 1. Entity Name OCALA HEXAPORT, INC.	
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Principal Place of Business 2000 SW 60TH AVENUE OCALA, FL 34474 US	Mailing Address P.O. BOX 6908 OCALA, FL 34478 US
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04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2933946	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TROW, CHESTER J. 125 NORTHEAST FIRST AVENUE, SUITE 2 OCALA, FL 32670

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

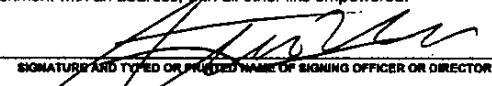
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWELL, STEVEN T 4986 SW 7 AVE RD OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLELLA, THOMAS L 1203 SW ST STE 7 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, LANE 10755 N.E. 41ST TERRACE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANVOORHEES, R.C. 8520 NW 63RD ST OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DANIEL P 2251 S.W. 90TH STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEATON, JOHN S 2130 SW 37TH ST RD OCALA, FL 34474

U00000705063 04/23/07-80037-002 61.25 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEVEN T. POWELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-12-07(352-732-0339) Daytime Phone #