COR ANNL	DNPROFIT RPORATION JAL REPORT 1997		Sandra Secr	PARTMENT OF STATE B. Mortham etary of State OF CORPORATIONS		997 8:00am ry of State
OCUI Corporation	MENT #	N28600) (7)			
MACCL	ENNY SOUTH	PROPERTY O	WNERS ASSOCIAT	rion, inc	I KANANAN ANA KIRAN ANAN ANAN ANIN'	
ncipal Place	e of Business		Mailing Address	<u></u>		
DAVIS. R.H. 5 6TH ST. S. ICCLENNY FL 32063		N DAVIS, R.H. 515 6TH ST. S. Macclenny Fl 32063-2605				
					3. Date Incorporated or Qualified 09/29/1988	3a. Date of Last Report 09/23/1996
Principal Pl	lace of Business		2a. Mailing Address		4. FEI Number 59-3387321	Applied For Not Applicable
Suile, Apt.	#, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	e		City & State		6. Election Campaign Financing	\$5.00 May Be
Zıp	6	Duntry	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
	25 9. Name and Å	ddress of Current	29 Registered Agent	30		Yes No
				81 Name		
515 SOL MACCLE	to the provisions of	Sections 617 0502	and 617.1508, Florida Sta	83 84 City	poration submits this statement for the p	FL 85 Zip Code
Pursuant office or r agent. Lar	TH SIXTH STREENNY FL	Sections 617.0502 both, in the State o accept the obligati	f Florida. Such change wa ions of, Section 617.0503,	83 84 City atutes, the above-named cor as authorized by the corpore Florida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	FL 85 Zip Code burpose of changing its registered of the appointment as registered
515 SOU MACCLE Pursuant office or r agent. Lar SNATURE	TH SIXTH STREENNY FL	Sections 617 0502	If Florida. Such change wa ions of, Section 617.0503, and title flapplicable () DIRECTORS	83 84 City atutes, the above-named cor as authorized by the corpore , Florida Statutes. NOTE: Registered Agent signature requ 13.	poration submits this statement for the p tion's board of directors. I hereby accep	FL 85 Zip Code purpose of changing its registered of the appointment as registered
Pursuant office or r agent. Lat SNATURE	TH SIXTH STREENNY FL	Sections 617.0502 both, in the State o accept the obligati	If Florida. Such change wa ions of, Section 617.0503, and title if applicable. ((83 84 City atutes, the above-named cor as authorized by the corpore Florida Statutes. NOTE: Repistered Agent signature requ 13. 1.1 TIFLE	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	FL 85 Zip Code burpose of changing its registered of the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Addition
515 SOL MACCLE Pursuant office or n agent. I a sNATURE	TH SIXTH STREENNY FL	Sections 617.0502 both, in the State o d accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A	If Florida. Such change wa ions of, Section 617.0503, and title flapplicable () DIRECTORS	83 84 City atutes, the above-named cor as authorized by the corpore , Florida Statutes. NOTE: Registered Agent signature requ 13.	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	FL 85 Zip Code burpose of changing its registered of the appointment as registered DATE DATE CERS AND DIRECTORS IN 12 Change Addition
515 SOL MACCLE Pursuant office or n agent. La SNATURE E E E E E E E E E E E E E E E E E E	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Signature types of prime PD DAVIS, R.H. POST OFFICE MACCLENNY	Sections 617.0502 both, in the State o d accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A	If Florida. Such change wa ions of, Section 617.0503, and title flapplicable () DIRECTORS	83 84 City atutes, the above-named cor as authorized by the corpora Florida Statutes. NOTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	FL 85 Zip Code burpose of changing its registered of the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Addition
515 SOL MACCLE Pursuant office or n agent. L at SNATURE E E E E E E E E E	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Signature types of prime PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, TH	Sections 617.0502 both, in the State of accept the obligation of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R.	If Florida. Such change wa ions of, Section 617.0503, and title if applicable. (I DIRECTORS	83 84 City atuites, the above-named cords as authorized by the corporation as authorized by the corporation Intervention 13. 11.1 12. 13. 11.1 12. 13. 13. 14.1 13.5 14.1 13.5 14.1 13.5 14.1 13.5 14.1 13.5 14.1 12.1 13.2 14.1 12.1 13.2 14.1 12.1 13.2 14.1 12.1 13.2 14.1 15.2 14.1 17	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	FL 85 Zip Code purpose of changing its registered of the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Addition
515 SOL MACCLE Pursuant office or r agent. La SNATURE E E E E E E E E E E E E E E E E E E	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonaure types of ponte PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, TH 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET	If Florida. Such change wa ions of, Section 617.0503, and title if applicable. (I DIRECTORS	83 84 City atuites, the above-named correst as authorized by the corpore atuitorized by the corpore 11 11 12 13 13 13 13 13 13 14 13 14 17 17 18 13 14 17 17 18 13 14 17 17 18 19 11 11 11 12 13 14 17 17 18 19 11 11 11 11 11 12 14 17 17 17 17 17 17 17 17 17 18 18 19 11 11 11	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	FL 85 Zip Code purpose of changing its registered of the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Addition
515 SOL MACCLE Pursuant office or r agent. La SNATURE .E WE EEET ADDRESS Y-ST-ZIP .E KEET ADDRESS Y-ST-ZIP	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Signature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL	If Florida. Such change wa ions of, Section 617.0503, and title if applicable. (I DIRECTORS	83 84 City atuites, the above-named correst as authorized by the corpore atuitorized by the corpore 11 11 12 13. 13. 13. 13. 13. 13. 14. 17 17 18. 1.1 17. 11.1 12. 13. 3. 3. 3. 3. 3. 1. 1.1 1.1 1.1 1.1 1.1 1.2 NAME 1.3. 3. 3. 3. 1.1 1.1 1.1 1.1 1.1 1.1 1.1 2. 1.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	FL 85 Zip Code purpose of changing its registered of the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Addition
515 SOL MACCLE Pursuant office or r agent. La SNATURE .E EET ADDRESS Y-ST-ZIP .E EET ADDRESS Y-ST-ZIP .E AE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON	f Florida. Such change we ions of, Section 617.0503, and title if applicable (I) DIRECTORS DELETE DELETE DELETE	83 84 City atuites, the above-named correst as authorized by the corpore atuitorized by the corpore 1 10 1.1 1.1 1.1 1.1 1.1 1.1 1.2 1.3 1.4 1.3 STREET ADDRESS 1.4 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.2 NAME	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered bit registered bit the appointment as registered bit registered DATE
S15 SOL MACCLE Pursuant office or r agent. La SNATURE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Signature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change we ions of, Section 617.0503, and title if applicable (I) DIRECTORS DELETE DELETE DELETE DELETE	83 84 City atuites, the above-named correst as authorized by the corpore atuitorized by the corpore 1 10 11 11 12 13 13 13 14 13 13 14 13 14 13 14 15 14 17 17 11 11 12 13 14 17 17 18 19 21	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered bit he appointment as registered DATE
515 SOL MACCLE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change we ions of, Section 617.0503, and title if applicable (I) DIRECTORS DELETE DELETE DELETE	83 atutes, the above-named coras authorized by the corpore as authorized by the corpore 11 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered bit registered bit the appointment as registered bit registered DATE
515 SOL MACCLE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change we ions of, Section 617.0503, and title if applicable (I) DIRECTORS DELETE DELETE DELETE DELETE	83 atutes, the above-named coras authorized by the corpore sauthorized by the corpore of the cor	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered bit he appointment as registered DATE
515 SOL MACCLE Pursuant office or n agent. Land SNATURE E E E E E E E E E E E E E E E E E E	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change we ions of, Section 617.0503, and title if applicable. (I DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City atutes, the above-named coras authorized by the corpora atutorized by the corpora 13. 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 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 3.4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered Date DATE
515 SOL MACCLE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change we ions of, Section 617.0503, and title if applicable (I) DIRECTORS DELETE DELETE DELETE DELETE	83 84 City atutes, the above-named coras authorized by the corpore, Florida Statutes. NOTE: Registered Agent signature required. 13. 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 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	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered bit he appointment as registered DATE
515 SOL MACCLE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change we ions of, Section 617.0503, and title if applicable. (I DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City atuites, the above-named coras authorized by the corpore, Florida Statutes. NOTE: Registered Agent signature required 13. 11.1 TITLE 12. NAME 13.STREET ADDRESS 14. CITY-ST-ZIP 21.1 TITLE 22.NAME 23.STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32.NAME 33.STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 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 5.3 STREET ADDRESS 5.3 STREET ADDRESS	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered Date DATE
515 SOL MACCLE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change we ions of, Section 617.0503, and title if applicable. (I DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 atutes, the above-named coras authorized by the corpore, Florida Statutes. NOTE: Registered Agent signature required in the corpore of the c	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered Date DATE
515 SOL MACCLE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change wa ions of, Section 617.0503, and title if applicable	83 84 City atuites, the above-named coras authorized by the corpore, Florida Statutes. NOTE: Registered Agent signature required. 13. 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 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered
515 SOL MACCLE	TH SIXTH STREENNY FL to the provisions of egistered agent, or in familiar with, and Stonature typed or prote PD DAVIS, R.H. POST OFFICE MACCLENNY STD RHODEN, THU 515 S. SIXTH MACCLENNY VD RHODEN, THU 515 S. SIXTH	Sections 617.0502 both, in the State o accept the obligati of name of registered agent OFFICERS AND BOX 387 N/A FL DMAS R. STREET FL DMAS JASON STREET	f Florida. Such change wa ions of, Section 617.0503, and title if applicable	83 84 City atutes, the above-named coras authorized by the corpore, Florida Statutes. NOTE: Registered Agent signature required in the second statutes. 13. 11.1 TITLE 12. NAME 13.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 3.4. CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the p tion's board of directors. I hereby accep lifed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 85 Zip Code purpose of changing its registered