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 MAR 31 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46590** **(8)**

1. Corporation Name
EXECUTIVE EXCHANGE OF OCALA, INC.

Principal Place of Business	Mailing Address
1909 NE 52ND ST. OCALA FL 32670	1909 NE 52ND ST. OCALA FL 32670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1992**
3a. Date of Last Report: **01/28/1994**
4. FEI Number: **59-3105720** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$9.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ODOM, DANNY
1909 NE 52ND ST.
OCALA FL

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33 700001449837 -04/06/95--01031--006 ****130.00 ****130.00
34 City FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	STEPHENS, ANGUS	1.2 NAME	Tammy Griffin	
STREET ADDRESS	2911 SE FT. KING STREET	1.3 STREET ADDRESS	16 SE Lennine Avenue	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, Fla. 34471	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PERRETT, GREGG	2.2 NAME	Arlene S. Gardner	
STREET ADDRESS	6435 NW 60TH ST	2.3 STREET ADDRESS	3961 SE 26th Court Rd	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, Fla. 34480	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ODOM, DANNY	3.2 NAME		
STREET ADDRESS	1909 NE 52ND ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BECKER, JOAN	4.2 NAME		
STREET ADDRESS	3378 NW 100TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RITTER, CHERYL	5.2 NAME	Dave Liner	
STREET ADDRESS	10753 SW 110TH STREET	5.3 STREET ADDRESS	3721 NE 25th Street	
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	Ocala, Fla. 34470	
TITLE		6.1 TITLE		☒ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	3/31/95 MST	
CITY-ST-ZIP		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 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: Danny Odom Pres. Danny Odom 1/31/95 (904) 368-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000123