COR ANNU	NPROFIT PORATION AL REPOF				B. Morth ary of Sta	nam ate				
	MENT #	N4659	0	(8)						
EXECU	tive exch	ange of ocal	.a, inc				t inkitikati oli niviti katili oli oli ili		II s hiil s	
rincipal Place	of Business		Mail	ing Address						
1909 NE 52NE OCALA FL 321				09 ne 52nd St. Cala FL 32670						
							3. Date incorporated or Qualified 01/01/1992		f Last R 31/19	
Principal Pla	ace of Business		2a. 26	Mailing Address			4. FEI Number 59-3105720			oplied For ot Applicable
Suite, Apt. #	, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional equired
City & State	1		28	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	25	Country	29	Zip	C 30	ountry	 This corporation has liability for Florida Statutes 	Yes No		99.032,
	9. Name ar	d Address of Curren	nt Registe	ered Agent		81 Name	10. Name and Address of New	Registered Age	nt	
OCALA F	: 52ND St. Fl					83 84 City			5 Zip	Code
OCALA F	FL to the provisions ed agent, or bo	s of Sections 617.0502 th, in the State of Flori the obligations of. Sect	2 and 617 da. Such i ion 617.0	.1508, Florida Statul change was authorij 503, Elorida Statute	tes, the a	84 City	rporation submits this statement for the p board of directors. I hereby accept the ap	FLI	-l .	Code gistered office agent. I am
OCALA f	FL to the provisions ed agent, or bo th, and accept to Adene	The obligations of, Sect J. OARDN printed name of registered agent	ion 617.0 ER	plicable.		84 City above-named colle corporation's b ered Agent sgnature re	xquired when reinstaling)	FL urpose of changin pointment as reg 31 194 DATE	ng its rei istered a	gistered office agent. I am
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