

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46590 (8)

1. Corporation Name

EXECUTIVE EXCHANGE OF OCALA, INC.



Principal Place of Business

**1909 NE 52ND ST.
OCALA FL 32670**

Mailing Address

**1909 NE 52ND ST.
OCALA FL 32670**

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3105720

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ODOM, DANNY
1909 NE 52ND ST.
OCALA FL**

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

Arlene J. GARDNER

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

3/1/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, TAMMY	
STREET ADDRESS	16 SE WENAMA AVENUE	
CITY - ST - ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, ARLENE J	
STREET ADDRESS	3961 SE 26TH COURT RD.	
CITY - ST - ZIP	OCALA FL 34480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ODOM, DANNY	
STREET ADDRESS	1909 NE 52ND ST.	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, JOAN	
STREET ADDRESS	3378 NW 100TH ST	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINERR, DAVE	
STREET ADDRESS	3721 NE 25TH STREET	
CITY - ST - ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLEIWEIS, ROXANE	
1.3 STREET ADDRESS	3391E SILVER SPRING BLVD # F	
1.4 CITY - ST - ZIP	OCALA FL 34470	
2.1 TITLE	LuAnne Warren	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5031 SE 33TH	
2.3 STREET ADDRESS	Ocala, FL 34480	
2.4 CITY - ST - ZIP		
3.1 TITLE	RAY KITTIES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	3308 NE 22ND CT	
3.3 STREET ADDRESS	OCALA FL 34479	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Arlene J. GARDNER

Arlene Gardner

3/1/96

352 867 1868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)