

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

1809 NE 52ND ST.
OCALA FL 32670

1809 NE 52ND ST.
OCALA FL 34479-7205

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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
1809 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BLEIWEIS, ROXANE
STREET ADDRESS 3391E SILVER SPRINGS BLVD. #F
CITY-ST-ZIP OCALA FL

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Janet Slimak
1.3 STREET ADDRESS 1030 NE 3rd Street
1.4 CITY-ST-ZIP Ocala, FLA. 34470

TITLE D ☒ DELETE
NAME GARDNER, ARLENE J
STREET ADDRESS 3961 SE 26TH COURT RD.
CITY-ST-ZIP OCALA FL 34480

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Michael McKee
2.3 STREET ADDRESS 207 NE 36 Place
2.4 CITY-ST-ZIP Ocala, FLA. 34479

TITLE D ☒ DELETE
NAME RAY KITTLES
STREET ADDRESS 3308 NE 22ND CT.
CITY-ST-ZIP OCALA FL

3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME Michael Dotson
3.3 STREET ADDRESS 207 NE 20th Street
3.4 CITY-ST-ZIP Ocala, FLA. 34470

TITLE D ☒ DELETE
NAME LUANNE WARREN
STREET ADDRESS 5037 SE TERRACE
CITY-ST-ZIP OCALA FL

4.1 TITLE T/D ☒ Change ☐ Addition
4.2 NAME Danny Odom
4.3 STREET ADDRESS 1909 NE 52nd Street
4.4 CITY-ST-ZIP Ocala, FLA 34479

TITLE D ☒ DELETE
NAME LINERR, DAVE
STREET ADDRESS 3721 NE 25TH STREET
CITY-ST-ZIP OCALA FL 34470

5.1 TITLE S/D ☒ Change ☐ Addition
5.2 NAME Tammy Griffin
5.3 STREET ADDRESS 2151 NE 2nd Street
5.4 CITY-ST-ZIP Ocala, FLA. 34470

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

CR2E037 (9/96)