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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

01/01/1982

4. FEI Number

59-3105720

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3961 SE 26th Ct. Rd.**

25 **3961 SE 26th Ct. Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

Ocala FL

Ocala FL

24 Zip

Country

29 Zip

Country

34480

34480

9. Name and Address of Current Registered Agent

ODOM, DANNY
1909 NE 52ND ST.
OCALA FL

10. Name and Address of New Registered Agent

81 Name

Arlene Gardner

82 Street Address (P.O. Box Number is Not Acceptable)

3961 SE 26th Ct. Rd.

83

84 City

Ocala

FL

85 Zip Code

34480

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

No Changes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SUMAK, JANET**
STREET ADDRESS **1030 NE 3RD ST**
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☒ DELETE

NAME **MCKEE, MICHAEL**
STREET ADDRESS **207 NE 36 PL**
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☒ DELETE

NAME **DOTSON, MICHAEL**
STREET ADDRESS **207 NE 20TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☒ DELETE

NAME **ODOM, DANNY**
STREET ADDRESS **1909 NE 52ND ST**
CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☒ DELETE

NAME **GRIFFIN, TAMMY**
STREET ADDRESS **2151 NE 2ND ST**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Arlene Gardner**
1.3 STREET ADDRESS **3961 SE 26th Ct. Rd.**
1.4 CITY-ST-ZIP **Ocala FL 34480**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **Joan Becker**
2.3 STREET ADDRESS **3378 NW 100th St.**
2.4 CITY-ST-ZIP **Ocala FL 34475**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **Phyllis Ortiz**
3.3 STREET ADDRESS **16775 SE 6th Ln**
3.4 CITY-ST-ZIP **Silver Springs FL 34488**

4.1 TITLE **TD** ☒ Change ☐ Addition

4.2 NAME **Vicki Kain**
4.3 STREET ADDRESS **1213 SE 18th Ave**
4.4 CITY-ST-ZIP **Ocala FL 34471**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: **Arlene J. Gardner**

352-867-1868

CR2037 (10/97)