

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:09

DOCUMENT # P14129

(1)

1. Corporation Name

OCMULGEE FIELDS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

110 N. HOLIDAY DR.
MACON GA 31210
US

Mailing Address

PO BOX 7008
MACON GA 31290
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

58-1162048

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CHISHOLM, JOHN E.
SUITE 310
SOUTHEAST BANK BUILDING
NEW SYMRNA BEACH FL 32069

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	JONES, CHARLES H.
STREET ADDRESS	3590 RIVERSIDE DRIVE
CITY- ST- ZIP	MACON GA
TITLE	SD
NAME	WALTERS, PATRICIA P.
STREET ADDRESS	3590 RIVERSIDE DRIVE
CITY- ST- ZIP	MACON GA
TITLE	PD
NAME	JONES, JEFFERSON
STREET ADDRESS	3590 RIVERSIDE DRIVE
CITY- ST- ZIP	MACON GA
TITLE	VD
NAME	JONES, DWIGHT C.
STREET ADDRESS	3590 RIVERSIDE DR.
CITY- ST- ZIP	MACON GA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	110 HOLIDAY NORTH DRIVE
1.4 CITY- ST- ZIP	MACON, GA 31210
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	110 HOLIDAY NORTH DRIVE
2.4 CITY- ST- ZIP	MACON, GA 31210
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	110 HOLIDAY NORTH DRIVE
3.4 CITY- ST- ZIP	MACON, GA 31210
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	110 HOLIDAY NORTH DRIVE
4.4 CITY- ST- ZIP	MACON, GA 31210
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia P. Walters

PATRICIA P. WALTERS

3/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #