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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P14129

1. Corporation Name

OCMULIGEE FIFLDS, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired S. 75 Additional Fee Required S. Country S. Trust Fund Contribution S. 50.00 May Replaced S. State S. Country S. Trust Fund Contribution S. 50.00 May Replaced S. State S. Country S. Trust Fund Contribution S. 50.00 May Replaced S. State S. Country S. Trust Fund Contribution S. St. 00 May Replaced S. State S. State	IN POLICIAN OR A 13710 Common		00020	· · · · · · · · · · · · · · · · · · ·									
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28	24			Country		Cou	Country				rrent vear Int		
9. Name and Address of Current Registered Agent CHISHOLM, JOHN E. SUITE 310 SOUTHEAST BANK BUILDING NEW SYMRNA BEACH FL 32069 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Prinds Statutes. SIGNATURE Signature, I padd or prinded reame of migratered agent agent and accept the obligations of, Section 607.0505, Prinds Statutes. SIGNATURE Signature, I padd or prinded reame of migratered agent age	9. Name and Address of Current Registered Agent CHISHOLM, JOHN E. SUITE 310 SOUTHEAST BANK BUILDING NEW SYMRNA BEACH FL 32069 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent. In a familiar with, and accept the obligations of, Section 607.0505. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE UD. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS 110 HOLIDAY NORTH DRIVE 110 HOLIDAY NORTH DRIVE MACON GA 110 HOLIDAY PRIVE NORTH 121 WARD. JAN STREET ADDRESS 110 HOLIDAY DRIVE NORTH AMACON GA 110 HOLIDAY DRIVE NORTH AMACON GA 111 TITLE UD. ORS, CHARLES II. 11 TITLE 21 TITLE 22 NAME 23 STREET ADDRESS 110 HOLIDAY DRIVE NORTH 24 NAME AMACON GA 110 HOLIDAY NORTH DRIVE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition Addition Addition TITLE UD. ORS, DWIGHT C. Change Addition Addition Addition Addition Addition Addition Addition TITLE UD. ORS, DWIGHT C. Change Addition Add	ł		r	⊢		•			·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	□No
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SUITE 31 SANK BUILDING NEW SYMRNA BEACH FL 32069 84 City FL 85 Zap 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 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, 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, 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, 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, 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, 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, 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 directors. I hereby accep	SUIT FAST BANK BUILDING NEW SYMRNA BEACH FL 32069 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 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 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME CD JONES, CHARLES H. JOHANE JO	ł					82	Street	Address (P.O. Box Number is Not Accep	table)		
NEW SYMRNA BEACH FL 32069 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, and accept the obligations of, Section 607 3505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered spent and talk at application. SIGNATURE SIGNATURE 3. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DONES, CHARLES H. 13. STREET ADDRESS 110 HOLIDAY NORTH DRIVE 13. STREET ADDRESS 110 HOLIDAY NORTH DRIVE 14. CITY-ST-ZP MACON GA 14. CITY-ST-ZP MACON GA 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. NAME 13. STREET ADDRESS 110 HOLIDAY DRIVE NORTH MACON GA 14. CITY-ST-ZP MACON GA 15. STREET ADDRESS 110 HOLIDAY DRIVE NORTH MACON GA 15. STREET ADDRESS 110 HOLIDAY DRIVE MACON GA 15. STREET ADDRESS 110 HOLIDAY DRIVE MACON GA 15. STREET ADDRESS 110 HOLIDAY NORTH DRIVE MACON GA 15. STREET ADDRESS 110 HOLIDAY NORTH DRIVE MACON GA 15. STREET ADDRESS 15. HOLIDAY NORTH DRIVE MACON GA 16. Change Addition 17. ST.ZP MACON GA 17. ST.ZP MACON GA 18. CITY-ST.ZP MACON GA 19. Change Addition 17. ST.ZP MACON GA 18. CITY-ST.ZP MACON GA 19. Change Addition 17. ST.ZP MACON GA 18. CITY-ST.ZP MACON GA 18. CITY-ST.ZP MACON GA 19. Change Addition 17. ST.ZP 17. Change Addition 17. ST.ZP 17. ST.ZP 17. Change Addition 17. ST.ZP 17. ST.ZP 17. Change Addition 18. STREET ADDRESS 18. CITY-ST.ZP 18. CITY-ST.ZP 19. Change Addition 19. STREET ADDRESS 19. CITY-ST.ZP 19. Change Addition 19. Change Addition 19. Change Addition 19.	NEW SYMRNA BEACH FL 32069 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 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 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 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 office or registered agent, or both, in the State of Florida. Statutes. SIGNATURE 12.	١								·			
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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 suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS .

CITY-ST-ZIP

REQUIPMESIONE SIGNING OFFICER OR DIRECTOR