

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P14129

1. Entity Name
OCMULGEE FIELDS, INC.



FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90002 025 ***550.00

Principal Place of Business
110 N. HOLIDAY DR.
MACON, GA 31210 US

Mailing Address
PO BOX 7006
MACON, GA 31208 US
31209

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number
58-1162048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHISHOLM, JOHN E.
SUITE 310
SOUTHEAST BANK BUILDING
NEW SYMRNA BEACH, FL 32069

7. Name and Address of New Registered Agent
Name Dwight C Jones
Street Address (P.O. Box Number is Not Acceptable)
1401 S. Atlantic Blvd
City New Smyrna Beach FL Zip Code 32169

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JONES, CHARLES H. 131 HOLIDAY NORTH DR. MACON, GA 31210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DWIGHT C. 131 HOLIDAY NORTH DR. MACON, GA 31210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/04 478-471-2520
Date Daytime Phone #

Attachment
Dr # 014129
54067376



OCMULGEE FIELDS
Incorporated

131 Holiday North Drive Macon, Georgia 31210
P. O. Box 7006 Macon, Georgia 31209
Phone 478/471-2520 Fax: 478/471-2527

TO: Divisions of Corporations

FROM: Ocmulgee Fields, Inc.

DATE: August 4, 2004

SUBJECT: Change of Registered Agent

Please see the enclosed 2004 For Profit Corporation Annual Report form that indicates we are changing our Registered Agent to Dwight C. Jones.

If you have any questions regarding this change please feel free to contact the office and someone will be happy to answer them for you. Your assistance in making this change is greatly appreciated.

Enclosure