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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # P15890
1. Corporation Name
THE OGBURN CO. INC.

Principal Place of Business Mailing Address
365 N BOUNDARY ST. PO BOX 950490
DELAND, FL. 32720 LAKE MARY, FL.
32795-0490

2. Principal Place of Business 2a. Mailing Address
21 365 N. BOUNDARY ST. 26 PO BOX 950490
Suite, Apt #, etc. Suite, Apt #, etc.
22 LAKE MARY
City & State City & State
23 DELAND, FL. 28 FL. 32795-0490
Zip Country Zip Country
24 32720 25 FLORIDA 29 30 FLORIDA

3. Date Incorporated or Qualified 3a. Date of Last Report
1993 ATLANTA GA 1995
4. FEI Number Applied For
75-0964987 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
FJ OGBURN
300 GOLF BROOK CIRCLE #208
LONGWOOD, FL. 32779

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, 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 2-24-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT FJ OGBURN 300 GOLF BROOK CIRCLE #208 LONGWOOD, FL. 32779
VICE PRESIDENT JUDITH E. OGBURN 300 GOLF BROOK CIRCLE #208 LONGWOOD FL 32779
SEC. TREASURER KIM BELLICCHIO 300 GOLF BROOK CIRCLE #208 LONGWOOD, FL. 32779
DELETER
DELETER
DELETER
DELETER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 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
700002107967
-03/10/97--01007--042
***165.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F.J. OGBURN 2/24/97 4076826855
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)