

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15890** (7)
1. Corporation Name
THE OGBURN COMPANY, INCORPORATED



Principal Place of Business Mailing Address
~~305 N. BOUNDARY ST.~~ **305 N. BOUNDARY ST.** PO BOX 450490
DELAND FL 32720 LAKE MARY FL 32785-0490

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 305 N. BOUNDARY ST Suite, Apt. #, etc. 22 City & State 23 DELAND, FL. Zip 24 32720		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/10/1987	
2. Principal Place of Business 21 305 N. BOUNDARY ST Suite, Apt. #, etc. 22 City & State 23 DELAND, FL. Zip 24 32720		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		4. FEI Number 75-0964987 Applied For Not Applicable	
2. Principal Place of Business 21 305 N. BOUNDARY ST Suite, Apt. #, etc. 22 City & State 23 DELAND, FL. Zip 24 32720		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 305 N. BOUNDARY ST Suite, Apt. #, etc. 22 City & State 23 DELAND, FL. Zip 24 32720		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 305 N. BOUNDARY ST Suite, Apt. #, etc. 22 City & State 23 DELAND, FL. Zip 24 32720		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

OGBURN, F J
300 GOLF BROOK CIRCLE #208
LONGWOOD FL 32779

81 Name OGBURN, F. J.
82 Street Address (P.O. Box Number is Not Acceptable) 5315 SHORELINE CIRCLE
83
84 City SANFORD
85 Zip Code FL 32771

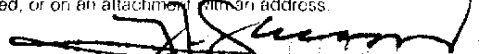
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OGBURN, F. J. JR.		1.2 NAME OGBURN, F. J. JR.	
STREET ADDRESS 300 GOLF BROOK CIRCLE #208		1.3 STREET ADDRESS 5315 SHORELINE CIRCLE	
CITY-ST-ZIP LONGWOOD FL 32779		1.4 CITY-ST-ZIP SANFORD, FL. 32771	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OGBURN, JUDITH E.		2.2 NAME OGBURN, JUDITH E.	
STREET ADDRESS 300 GOLF BROOK CIR. #208		2.3 STREET ADDRESS 5315 SHORELINE CIRCLE	
CITY-ST-ZIP LONGWOOD FL 32779		2.4 CITY-ST-ZIP SANFORD, FL. 32771	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELLOCCHIO, KIM		3.2 NAME BELLOCCHIO, KIM	
STREET ADDRESS 300 GOLF BROOK CIR. #208		3.3 STREET ADDRESS 5315 SHORELINE CIRCLE	
CITY-ST-ZIP LONGWOOD FL 32779		3.4 CITY-ST-ZIP SANFORD, FL. 32771	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

 **P. 18-58**

CR2E034 (10/97)