



FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90009 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P15890 1. Corporation Name THE OGBURN COMPANY, INCORPORATED		

Principal Place of Business 305 N BOUNDARY DELAND FL 32720 US	Mailing Address PO BOX 450490 LAKE MARY FL 32795-0490
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/10/1987 4. FEI Number 75-0964987 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent OGBURN, F J 6945 SHORELINE CIRCLE SANFORD FL 32771 <i>10983 Big CANOE</i> <i>Big CANOE, GA.</i> <i>30143</i>			10. Name and Address of New Registered Agent 81 Name F. J. OGBURN 82 Street Address (P.O. Box Number is Not Acceptable) 335 N. BOUNDARY STREET 83 84 City DELAND FL 85 Zip Code 32720		

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]* DATE **1-15-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME OGBURN, F J JR STREET ADDRESS 5315 SHORELINE CIRCLE CITY-ST-ZIP SANFORD FL 32771 TITLE V <input type="checkbox"/> DELETE NAME OGBURN, JUDITH E. STREET ADDRESS 5315 SHORELINE CIRCLE CITY-ST-ZIP SANFORD FL 32771 TITLE ST <input type="checkbox"/> DELETE NAME BELLOCCHIO, KIM STREET ADDRESS 5315 SHORELINE CIRCLE CITY-ST-ZIP SANFORD FL 32771 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME OGBURN, F. J. JR. 1.3 STREET ADDRESS 10983 BIG CANOE 1.4 CITY-ST-ZIP BIG CANOE, GA. 30143 2.1 TITLE V <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME OGBURN, JUDITH E 2.3 STREET ADDRESS 10983 BIG CANOE 2.4 CITY-ST-ZIP BIG CANOE, GA. 30143 3.1 TITLE ST <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME BELLOCCHIO, KIM 3.3 STREET ADDRESS 701 PARKWAY 3.4 CITY-ST-ZIP WINTER PARK, FL. 32789 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **1-15-99** DAYTIME PHONE # **404-233-2120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)