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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:41

DOCUMENT # **P19342** **(5)**

1. Corporation Name
HAWTHORNE OCALA, INC.

Principal Place of Business	Mailing Address
1550 SOUTHWEST 60TH AVE. OCALA FL 32674-1826	1550 SOUTHWEST 60TH AVE. OCALA FL 32674-1826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1988	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2869973	☐ Applied For ☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1200 S.W. 60TH AVE	26 1200 S.W. 60TH AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OCALA FL	City & State 28 OCALA FL
Zip 24 34474 Country 25 MARION	Zip 29 34474 Country 30

9. Name and Address of Current Registered Agent

TROW, CHESTER J.
125 N.E. AVE.
SUITE 2
OCALA FL 32670

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, 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 _____ DATE
Typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARTON, DEAN	12 NAME	
STREET ADDRESS	6543 FAIN STREET	13 STREET ADDRESS	
CITY ST ZIP	CHARLESTON SC	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	THRIFT, WILLIAM	22 NAME	
STREET ADDRESS	6543 FAIN STREET	23 STREET ADDRESS	
CITY ST ZIP	CHARLESTON SC	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HARTON, CYNTHIA S.	32 NAME	
STREET ADDRESS	6543 FAIN STREET	33 STREET ADDRESS	
CITY ST ZIP	CHARLESTON SC	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, VERNON B.	42 NAME	
STREET ADDRESS	6543 FAIN STREET	43 STREET ADDRESS	
CITY ST ZIP	CHARLESTON SC	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ V. Pres. 3/20/95 863-797-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #