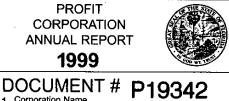
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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90107 026 ***150.00

1. Corporation Name) 4 2	
HAWTHORNE OCALA, INC.		

r incipal Flac	Je or business	IVICIII	ing Address							
1200 SW 60TH	1 AVE	1200	SW 60 AVE							
OCALA FL 344	474 ·	OCA	LA FL 34474							
US		US					DON	OT WRITE IN THI	S SPACE	
							3. Date Incorporated or 0	Qualifed		-
ĺ							06/02/1988			ı
2. Principal F	Place of Business	2a. N	Mailing Address				4. FEI Number		П	Applied For
21		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 "		\vdash	Applied For
	4	26	21 4 4 4 4				59-2869973			Not Applicable
Suite, Apt.	. #, etc.	<u>`</u>	Suite, Apt. #, etc.				5. Certifcate of Status De	esired 🗀	•	5 Additional
22		27					3 .		Fee	Required
City & Star	te '		City & State				6 Election Campaign Fir	nancing	\$5.0	0 May Be
23	ė.	28					Trust Fund Contributio	in		ed to Fees
Zip	Country	Z	Zip	Cour	itry		8. This corporation owes	the current year in		
24	25	29	•	30	٠		Personal Property Tax		Yes	□No
	9. Name and Address of Curi	1	rod Agont	30						
	g, Name and Address of Cur	Tent Registe	ieu Ageiit		81	Nama	10. Name and Address of	new Registered	Agent	
TDO	OW, CHESTER J.				ا'°	Name				
				ŀ	82	Street Add	fress (P.O. Box Number is Not	Accentable)		
	N.E. AVE.			ļ	٦_	Ollock Add	ileas (1 .O. Dox Humber is Hot	Acceptable)		ļ
SUF	TE 2			ŀ	83					
OCA	ALA FL 32670	•								
	2.12.32013			ŀ	84	City			85 Z	p Code
						•		FL	_ '	,
11. Pursuant	to the provisions of Sections 607.0	0502 and 607	1508, Florida Statut	es, the ab	ove-	-named corp	poration submits this statemen	t for the purpose of	changing	its registered
office or r		ate of Florida.	. Such change was a	uthorized	bv ti	he corporati	ion's board of directors. I heret	by accept the appo	intment as	registered
agent in	registered agent, or both, in the Sta	ligations of C	antion COZ ČEDE Ela	da Ctata						
agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obli	ligations of, S	ection 607.0505, Flo	rida Statu	es.					
agent. I a SIGNATURE	ım familiar with, and accept the obli	ligations of, S	ection 607.0505, Flo	rida Statu						· .
agent. I a SIGNATURE	im familiar with, and accept the oblining familiar with, and accept the oblining familiar with familiar with familiar with, and accept the oblining familiar with a second	agent and title if ap	policable. (NOTE	rida Statu Registered		signature require	ed when reinstating)	DATE		· .
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: