

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P93000031962 (2)

95 JUN 13 AM 10:18

1. Corporation Name

OCALA FLYERS, INC.

Principal Place of Business

Mailing Address

44 S.E. 1ST AVENUE  
OCALA FL 34471

PO BOX 1869  
OCALA FL 34478  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 4 S.E. Broadway

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ocala, FL

28

Zip

Country

Zip

Country

24 34471

25 USA

29

30

4. FBI Number

59-3179905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under c. 190.022,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRIAM, LAUREN E III  
44 S.E. 1ST AVENUE  
OCALA FL 34471

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

MERRIAM, LAUREN E III

STREET ADDRESS

44 S.E. 1ST AVENUE

CITY ST ZIP

OCALA FL 34471

TITLE

P

NAME

FAMBROUGH, THOMAS

STREET ADDRESS

9215 S.E. 110 ST RD

CITY ST ZIP

OCALA FL

TITLE

VP

NAME

NICHOLS, CARMAN

STREET ADDRESS

2330 S.W. 51 TERR

CITY ST ZIP

OCALA FL

TITLE

ST

NAME

MERRIAM, LAUREN E III

STREET ADDRESS

713 SE 2 ST

CITY ST ZIP

OCALA FL

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

☐ Change ☐ Addition

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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 110.07(3)(k), 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:

*Lauren E Merriam*

Lauren E. Merriam, III

6/8/95

904/732-7218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)