FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000031962 (2)**

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~~

3. Date Incorporated or Qualified: **04/29/1993**

3a. Date of Last Report: **06/12/1995**

4. FEI Number: **59-3179905** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4 S.E. Broadway Ave	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country: USA	29 Zip / 30 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4 SE Broadway ~~Ave~~

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: Lauren E Merriam III DATE: 2/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D, S, T	☒ Change ☐ Addition
NAME	MERRIAM, LAUREN E III		1.2 NAME	Lauren E. Merriam III	
STREET ADDRESS	~~44 S.E. 1ST AVENUE~~ →		1.3 STREET ADDRESS	4 SE Broadway ~~Ave~~	
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP	Ocala FL 34471	
TITLE	P	☐ DELETE	2.1 TITLE	P + D	☒ Change ☒ Addition
NAME	NICHOLS, CARMAN		2.2 NAME	Carman Nichols	
STREET ADDRESS	~~2330 S.W. 51 TERRACE~~ →		2.3 STREET ADDRESS	3230 SW 51st Terrace	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala FL 34474	
TITLE	VP	☐ DELETE	3.1 TITLE	VP + D	☒ Change ☒ Addition
NAME	BRINSKO, JOHN		3.2 NAME		
STREET ADDRESS	3884 SE 23 COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MERRIAM, LAUREN E III		4.2 NAME		
STREET ADDRESS	713 SE 2 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete, 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: Lauren E Merriam III 2/6/96 352-~~904~~-732-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone