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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000061732 (2)

1. Corporation Name

OCHILL INVESTMENTS, INC.



Principal Place of Business

Mailing Address

5442 CRANE DR
LAKELAND FL 33509
US

C/O 3260 CROSS FOX DRIVE
MULBERRY FL 33860

3. Date Incorporated or Qualified

08/30/1993

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3201703

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

9. Name and Address of Current Registered Agent

WASHBURN, KENNETH R
1153 MILL RUN CIRCLE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

CRAIG J. CURRY

82 Street Address (P.O. Box Number is Not Acceptable)

3260 CROSS FOX DRIVE

83

MULBERRY, FL 33860-8683

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 officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/97

12. OFFICERS AND DIRECTORS

TITLE	PT	DELETE
NAME	RUTLAND, G N	
STREET ADDRESS	41 CRAW RD	
CITY-ST-ZIP	PAISELY PA	
TITLE	VPS	DELETE
NAME	YOUNG, J D	
STREET ADDRESS	59 ARGYLE WAY	
CITY-ST-ZIP	DUNBLANE SC	
TITLE	D	DELETE
NAME	DUNN, C R	
STREET ADDRESS	22 ALBANY DR	
CITY-ST-ZIP	BURNSIDE RU	
TITLE	D	DELETE
NAME	HILL, W	
STREET ADDRESS	20 ST CUTHBERT AVE	
CITY-ST-ZIP	DUMFRIES DG2 7NZ SCOTLAND UK	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0624358

CR2E034 (9/96)