

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 # P93000085395 (0)

1. Corporation Name
OCHAHPEE CORPORATION



Principal Place of Business
P.O. BOX 1329
PLANT CITY FL 33564

Mailing Address
P.O. BOX 1329
PLANT CITY FL 33564

3. Date Incorporated or Qualified 01/03/1994 3a. Date of Last Report 09/07/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 HC 61, Box 21 23 City & State CLEWISTON FL 33440 24 Zip 33440	2a. Mailing Address 26 Suite, Apt. #, etc. 27 HC 61, Box 21 28 City & State CLEWISTON, FL 29 Zip 33440	4. FEI Number 59-3214395 Applied For Not Applicable	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPIN, ROY LESTER SR.
1702 N HOLLOWAY ROAD
PLANT CITY FL 33564

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	HC 61, Box 21		CLEWISTON	FL 33440

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 reinstating)

DATE

4-11-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	DELETED	1.2 NAME	DELETED
CITY-ST-ZIP	PIPPIN, ROY LESTER SR.	1.3 STREET ADDRESS	DELETED
	P.O. BOX 1329 N/A	1.4 CITY-ST-ZIP	DELETED
	PLANT CITY FL 33564	2.1 TITLE	NAME
TITLE	DELETED	2.2 NAME	DELETED
NAME	DELETED	2.3 STREET ADDRESS	DELETED
STREET ADDRESS	DELETED	2.4 CITY-ST-ZIP	DELETED
CITY-ST-ZIP	DELETED	3.1 TITLE	NAME
	DELETED	3.2 NAME	DELETED
TITLE	DELETED	3.3 STREET ADDRESS	DELETED
NAME	DELETED	3.4 CITY-ST-ZIP	DELETED
STREET ADDRESS	DELETED	4.1 TITLE	NAME
CITY-ST-ZIP	DELETED	4.2 NAME	DELETED
	DELETED	4.3 STREET ADDRESS	DELETED
TITLE	DELETED	4.4 CITY-ST-ZIP	DELETED
NAME	DELETED	5.1 TITLE	NAME
STREET ADDRESS	DELETED	5.2 NAME	DELETED
CITY-ST-ZIP	DELETED	5.3 STREET ADDRESS	DELETED
	DELETED	5.4 CITY-ST-ZIP	DELETED
TITLE	DELETED	6.1 TITLE	NAME
NAME	DELETED	6.2 NAME	DELETED
STREET ADDRESS	DELETED	6.3 STREET ADDRESS	DELETED
CITY-ST-ZIP	DELETED	6.4 CITY-ST-ZIP	DELETED

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)