

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006992 (9)

1. Corporation Name

OHP MANAGEMENT, INC.



Principal Place of Business

926 GREAT POND DR.
#2001
ALTAMONTE SPRINGS FL 32714

Mailing Address

926 GREAT POND DR.
#2001
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified
01/28/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3185081

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

10. Name and Address of New Registered Agent

UHL, PAMELA H
926 GREAT POND DR.
STE. 2001
ALTAMONTE SPRINGS FL 32714

81 Name

BLANTON, PAMELA H.

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

926 GREAT POND DR

83 STE. 2001

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code
32714

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

Pamela A. Blanton

Pamela H. Blanton

3/11/96

Signature, type or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME UHL, PAMELA H
STREET ADDRESS 6353 ORANGE COVE DR.
CITY-ST-ZIP ORLANDO FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME BLANTON, PAMELA H.
1.3 STREET ADDRESS 6353 Orange Cove Dr
1.4 CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☐ DELETE
NAME MCSWAIN, CHARLES W
STREET ADDRESS 10520 GOTH RD.
CITY-ST-ZIP WINDERMERE FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME BLANTON, BILLY JOE
2.3 STREET ADDRESS 2600MAITLAND CENTER PKWY, STE.166
2.4 CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☒ DELETE
NAME COCHRAN, JAMES R
STREET ADDRESS 287 TORPOINT GATE
CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: *Pamela A. Blanton* *Pamela H. Blanton* 3/11/96 407-774-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)