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Apr 25 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 # P95000029946 (7)

1. Corporation Name

OCTAGON ENTERPRISES, INC.



Principal Place of Business

3921 WOOD GREEN WAY
TALLAHASSEE FL 32308

Mailing Address

4500 SHANNON LAKES PLAZA
UNIT 1, SUITE 137
TALLAHASSEE FL 32308
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3921 WOOD GREEN WAY
Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE FL
Zip Country

29 32308 30 LEON

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

04/15/1996

4. FEI Number

59-3321578

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

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

9. Name and Address of Current Registered Agent

✓ REAM, KELLY P
1025 BLUE JACK OAK DRIVE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name W. Scott Ream
82 Street Address (P.O. Box Number is Not Acceptable)
618 North Shore Circle
83
84 City Casselberry FL 85 Zip Code 32707

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 *W. Scott Ream*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME REAM, KELLY P
STREET ADDRESS 1024 BLUE JACK OAK DRIVE
CITY - ST - ZIP OVIEDO FL 32765

TITLE V ☐ DELETE

NAME REAM, GERALD L
STREET ADDRESS 3921 WOOD GREEN WAY
CITY - ST - ZIP TALLAHASSEE FL 32308

TITLE ST ☐ DELETE

NAME REAM, JOAN A
STREET ADDRESS 3921 WOOD GREEN WAY
CITY - ST - ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME W. Scott Ream
1.3 STREET ADDRESS 618 North Shore Circle
1.4 CITY - ST - ZIP Casselberry, FL 32707

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

W. Scott Ream

407-695-3892

CR2E034 (9/96)