SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 SEP -5 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000036135 (8)**

1. Corporation Name
I.O.C., INC.

Principal Place of Business	Mailing Address
501 WEST BAY STREET STE 250 JACKSONVILLE FL 32202	501 WEST BAY STREET STE 250 JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 05/04/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 112 W. Adams Street
Suite, Apt. #, etc.
22 Suite 1725
City & State
23 Jacksonville, FL
Zip 24 32202 Country 25 Duval

2a. Mailing Address
26 112 W. Adams Street
Suite, Apt. #, etc.
27 Suite 1725
City & State
28 Jacksonville, FL
Zip 29 32202 Country 30 Duval

4. FEI Number: 59-3311382 ☐ 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
VLCEK, ALAN B
501 WEST BAY STREET STE 250
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: Alan B. Vlcek
82 Street Address (P.O. Box Number is Not Acceptable): 112 W. Adams Street, Suite 1725
83
84 City: Jacksonville, 85 FL Zip Code: 32202

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] ALAN B VLCEK 7-28-96
(Both Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	PRESIDENT JAMES HICKS 112 WEST ADAMS STE 1725	☐ DELETE
	SECRETARY ALAN B. VLCEK 112 WEST ADAMS STE 1725	☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	900001949130 -09/17/96--01103--010 ****225.00 ****225.00	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	$29/13	☐ Change ☐ Addition

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 7-28-96 904(353-2580)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALAN B. VLCEK

CR2E034 (3/96)