

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 # P95000078649 (7)

1. Corporation Name
OPS PLUS, INC.



Principal Place of Business

1018 U.S. 27 SOUTH
AVON PARK FL 33825

Mailing Address

1018 U.S. 27 SOUTH
AVON PARK FL 33825

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report

2. Principal Place of Business
21 1030 US 27 STH
AVON PARK FL 33825

2a. Mailing Address
26 1030 US 27 STH
AVON PARK FL 33872

4. FEI Number
65-0615318

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACBETH, J. ROSS ESQUIRE
2543 U.S. 27 SOUTH
SEBRING FL 33870

81 Name
JEAN M FOSTER EA

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

83

84 City
SEBRING

FL 85 Zip Code
33870

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
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 s
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE JEAN M FOSTER EA

(NOTE: Registered Agent Signature required when re-registering)

1.8.1996.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME DOUGLAS O SMITH
STREET ADDRESS 4614 SANTA BARBARA DRIVE
CITY-ST-ZIP SEBRING FL 33872

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME DOUGLAS M KNIGHT
STREET ADDRESS 3220 US 27 STH
CITY-ST-ZIP SEBRING FL 33870

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME LYNDIA K BURKHOLDER
STREET ADDRESS 3412 ROMEO STREET
CITY-ST-ZIP SEBRING FL 33872

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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: LYNDIA K BURKHOLDER Lyndia K Burkholder 1-18-96 941-382-3448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)