

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000085811 (4)

1. Corporation Name:
OCALA LIGHTNING, INC.

Principal Place of Business

6411 NE 217TH PLACE
CITRA FL 32113

Mailing Address

PO BOX 535
ORANGE SPRINGS FL 32182
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BALDWIN, JERI
6411 NE 217TH PLACE
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Jeri Baldwin - OWNER

Signature type for printed form of registered agent and for corporate use (Not for Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D BALDWIN, JERI PO BOX 535 ORANGE SPRINGS FL
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LIGHT, DEBORAH ANN PO BOX 2889 SAG HARBOR NY 11963
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D RAUM, MARY 2845 SE THIRD CT. Ocala FL 34471
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MACDONALD, WILLIAM "BILL" 120 SE 18TH PL Ocala FL
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D HOLDER, LESA PO BOX 74 ISLAND GROVE FL
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ 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
6411 NE 217th PL Citra, FL 32113
☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
110 Division St. Sag Harbor, NY 11963
☐ 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
16325 SE 212th Lane Hawthorne, FL 32654
☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
100002563161 -06/17/98--01084--014 ***150.00
☐ Change ☐ Addition

14. I 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

Jeri Baldwin

CR2E034 (10/97)