FILE NOW. FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000010484

1. Corporation Name

OCOLA INCORPORATED

Principal Place of Business / Mailing Address

2703 W. Morrison Avenue
Tampa, Florida 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] / Country [25]	Zip [29] / Country [30]

4. FEI Number — Applied For / (If Not Applicable)

6. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

8. 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

O'BRIEN, MICHAEL
2703 West Morrison Avenue
Tampa, Florida 33629 US

10. Name and Address of New Registered Agent

[31] Name
[32] Street Address (P.O. Box Number is Not Acceptable)
[33]
[34] City — FL — [35] Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres. / NAME / STREET ADDRESS / CITY-ST-ZIP	O'BRIEN, MICHAEL ☐ DELETE 2703 West Morrison Ave. Tampa, FL 33629	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V.Pres / NAME / STREET ADDRESS / CITY-ST-ZIP	LEITHISER, LORAINE ☐ DELETE 2703 West Morrison Ave. Tampa, FL 33629	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Sec. / NAME / STREET ADDRESS / CITY-ST-ZIP	O'BRIEN, THOMAS ☐ DELETE 2703 West Morrison Ave. Tampa, FL 33629	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Treas / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDISON, JOYCE ☐ DELETE 2703 West Morrison Ave. Tampa, FL 33629	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/30
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition 600002507496 -05/01/98--01037--048

CR2E084 (10/97)

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: _____ Michael O'Brien 4-27-98 (813) 914-9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BTF FL023611P.1