

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90092 050 ***150.00

DOCUMENT # P96000010845

1. Corporation Name

~~DAYSTAR HAY CO., INC.~~ Ocala International
Commerce Park, Inc.

Principal Place of Business

230 NE 25TH AVE
OCALA FL 34470

Mailing Address

230 NE 25TH AVE
OCALA FL 34470



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1996

4. FEI Number

59-3363865

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

DEAN, JONATHAN S
230 NE 25TH AVE
OCALA FL 34470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VD~~ ☒ DELETE
NAME ~~DEAN, J E~~
STREET ADDRESS ~~230 NE 25TH AVE~~
CITY-ST-ZIP ~~OCALA FL 34470~~

TITLE ~~PD~~ ☒ DELETE
NAME DEAN, JONATHAN
STREET ADDRESS ~~230 NE 25TH AVE~~
CITY-ST-ZIP ~~OCALA FL~~

TITLE ~~PD~~ ☐ DELETE
NAME JACQUE FORD, DVM
STREET ADDRESS 3501 NE 10th St
CITY-ST-ZIP Ocala FL 34470

TITLE ~~PD~~ ☐ DELETE
NAME DANA FORD
STREET ADDRESS 3501 NE 10th St
CITY-ST-ZIP Ocala FL 34470

TITLE ~~D~~ ☐ DELETE
NAME CARROLL E. LEWIS
STREET ADDRESS 1904 NE 6th Ave
CITY-ST-ZIP Ocala FL 34470

TITLE ~~D~~ ☐ DELETE
NAME JONATHAN S. DEAN
STREET ADDRESS 230 NE 25TH AVE
CITY-ST-ZIP Ocala FL 34470

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *[Signature]* NAME REQUIRED

3/23/99 (352)368-2800

CR2E034 (11/98)