

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90001 032 ***150.00

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1. Entity Name
OCALA INTERNATIONAL COMMERCE PARK, INC.



Principal Place of Business
100 SW 52ND AVENUE
OCALA, FL 34474

Mailing Address
P O BOX 2165
OCALA, FL 34478

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3363865

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, CARROLL E
STREET ADDRESS	1904 NE 6TH AVE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	DEAN, JONATHAN S
STREET ADDRESS	230 NE 25TH AVE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	P
NAME	FORD, JACQUES
STREET ADDRESS	18835 NW HWY 27 405 S.E. 15 TH AVE.
CITY-ST-ZIP	OCALA, FL 34482 34471
TITLE	D
NAME	FORD, DANA E
STREET ADDRESS	18835 NW HWY 27 405 S.E. 15 TH AVE.
CITY-ST-ZIP	OCALA, FL 34482 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jacques Ford (JACQUES FORD)

2/19/08 (352) 620-0039