

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

FILED  
Apr 20 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 # P96000076297 (6)

1. Corporation Name  
OPC, INC.



Principal Place of Business  
~~2020 KINGSBRIDGE COURT~~  
TALLAHASSEE FL 32304

Mailing Address  
~~2020 KINGSBRIDGE COURT~~  
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 4381 Kimberly Circle	26 P.O. Box 13734		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Tallahassee, Florida		28 Tallahassee, Florida	
Zip		Zip	
24 32308		29 32317	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified 09/13/1996	
4. FEI Number 59-3400470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FULLER, BENJAMIN R 325 JOHN KNOX ROAD SUITE D-100 TALLAHASSEE FL 32303		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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	ROCCANTI, RICHARD J	1.2 NAME	Roccanti, Richard J.
STREET ADDRESS	<del>2020 KINGSBRIDGE COURT</del>	1.3 STREET ADDRESS	4381 Kimberly Circle
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		2.1 TITLE	VP/D
NAME		2.2 NAME	Roccanti, Kimberly R.
STREET ADDRESS		2.3 STREET ADDRESS	4381 Kimberly Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)