

ALL 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 26, 1999 8:00 am
Secretary of State

04-26-1999 90136 001 ***150.00

DOCUMENT # P97000020018

1. Corporation Name

OCALA BUSINESS SERVICES, INC.



Principal Place of Business

4225 SE 12TH PL
OCALA FL 34471

Mailing Address

4225 SE 12TH PL
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

59-3432399

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

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

MATHIS, SARAH E
4225 SE 12TH PL
OCALA FL 34471

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 P ☐ DELETE

MATHIS, SARAH E
4225 SE 12TH PL
OCALA FL 34471

ST-ZIP V ☐ DELETE

MATHIS, THOMAS N
4225 SE 12TH PL
OCALA FL 34471

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

ST-ZIP ☐ DELETE

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

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 stated 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:

Sarah E Mathis Sarah E Mathis

4/26/99

(352) 694-1046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #