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FILED

Apr 10 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 # P97000023418 (1)

1. Corporation Name
OCHLOCKONEE CONCH CO., INC.



Principal Place of Business

1406 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303

Mailing Address

1406 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 P.O. BOX 850
Suite, Apt. #, etc.

22 City & State
PANACEA, FL

23 Zip
32346

24 Country
USA

2a. Mailing Address

26 11065 THOMASVILLE RD
Suite, Apt. #, etc.

27 City & State
TALLAHASSEE, FL

28 Zip
32303

30 Country
USA

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

59-3437121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DATOOIO, RALPH C
215 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

DREW D. MCLEOD

82 Street Address (P.O. Box Number is Not Acceptable)

6619 PISGAH CHURCH RD

83 City

TALLAHASSEE

FL

85 Zip Code

32308

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

DREW D. MCLEOD (D)

(NOTE: Registered Agent signature required when reinstating)

1/15/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS MCLEOD, DREW D
CITY-ST-ZIP 1406 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME D
STREET ADDRESS SMITH, FINCHER W
CITY-ST-ZIP 1406 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS MCLEOD, DREW D.
1.4 CITY-ST-ZIP 6619 PISGAH CHURCH RD
TALLAHASSEE, FL 32308

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
2.3 STREET ADDRESS SMITH, FINCHER W.
2.4 CITY-ST-ZIP 2609 LOTUS DRIVE
TALLAHASSEE, FL 32312

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.

SIGNATURE *[Signature]* DREW D. MCLEOD

4/6/98

59-3437121

CR2E034 (10/97)