

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037671 (9)
1. Corporation Name
THE PHOENIX GROUP OF OCALA, INC.

Principal Place of Business 445 NE 8TH AVENUE OCALA FL 34470		Mailing Address 445 NE 8TH AVENUE OCALA FL 34470		DO NOT WRITE IN THIS SPACE	
1. Principal Place of Business 21 1972 TWIN BRIDGE CIRCLE Suite, Apt. #, etc.		2a. Mailing Address 23 P.O. Box 190 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/25/1997	
22 City & State 23 OCALA FL 24 Zip 34471 25 Country USA		27 City & State 28 OCALA FL 29 Zip 34478 30 Country USA		4. FEI Number 58-233-1738 Applied For Not Applicable	
26 City & State 27 OCALA FL 28 Zip 34471 29 Country USA		27 City & State 28 OCALA FL 29 Zip 34478 30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 City & State 27 OCALA FL 28 Zip 34471 29 Country USA		27 City & State 28 OCALA FL 29 Zip 34478 30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 City & State 27 OCALA FL 28 Zip 34471 29 Country USA		27 City & State 28 OCALA FL 29 Zip 34478 30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TROW, CHESTER J 445 NE 8TH AVENUE OCALA FL 34470			10. Name and Address of New Registered Agent 81 Name JACK A. CLARK 82 Street Address (P.O. Box Number is Not Acceptable) 1972 TWIN BRIDGE CIRCLE 83 84 City OCALA FL 85 Zip Code 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: JACK A. CLARK (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating) DATE: 1-20-98					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME TROW, CHESTER J STREET ADDRESS 445 NE 8TH AVENUE CITY-ST-ZIP OCALA FL 34470 <input checked="" type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D - President NAME JACK A. CLARK STREET ADDRESS P.O. Box 190 N/A CITY-ST-ZIP OCALA FL 34478 <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 in an attachment with an address.					
SIGNATURE: (Signature) DATE: 1-20-98 352-732-3121					