

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

FILED  
Jun 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000055254 (1)

1. Corporation Name:

OCTOBER CORPORATION OF NORTH FLORIDA



Principal Place of Business

ROUTE 13, BOX 918-14  
LAKE CITY FL 32055

Mailing Address

ROUTE 13, BOX 918-14  
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

59-3456455

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 4297 U.S. Hwy 90 W.

Suite, Apt. #, etc.

22 Ste. 16

City & State

23 Lake City, FL

Zip

24 32055

Country

25 USA

2a. Mailing Address

26 4297 U.S. Hwy 90 W.

Suite, Apt. #, etc.

27 Ste. 16

City & State

28 Lake City, FL

Zip

29 32055

Country

30 USA

9. Name and Address of Current Registered Agent

SCHMID, JANICE L  
ROUTE 13, BOX 918-14  
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

Janice L. Leftkowitz

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

Rt. 13, Box 918-14

83

Lake City, FL

84 City

FL

85 Zip Code

32055

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 of person changing office or agent, or both, if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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 a new address.

SIGNATURE:

Janice L. Leftkowitz

4/3/98 (904) 765-2278

CR2E034 (10/97)