

FILE 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

DOCUMENT # P97000068259

1. Corporation Name  
OCI PROPERTIES, INC.

AMENDED

Principal Place of Business

17933 EAST RD.  
HUDSON FL 34667

Mailing Address

17933 EAST RD.  
HUDSON FL 34667

FILED

99 OCT -4 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

59-3466945

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

9. Name and Address of Current Registered Agent

ORLANDO, JOHN  
17933 EAST RD.  
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name  
ORLANDO, RICHARD S.  
82 Street Address (P.O. Box Number is Not Acceptable)  
17933 EAST ROAD  
83  
84 City  
HUDSON FL 85 Zip Code  
34667

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 X

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ORLANDO, JOHN  
STREET ADDRESS 17933 EAST RD.  
CITY-STATE-ZIP HUDSON FL 34667

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 500003013025--1  
1.3 STREET ADDRESS -10/13/99--01002--020  
1.4 CITY-STATE-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

2.1 TITLE D/P/T ☐ Change ☒ Addition  
2.2 NAME ORLANDO, RICHARD S.  
2.3 STREET ADDRESS 17933 EAST ROAD  
2.4 CITY-STATE-ZIP HUDSON, FL

3.1 TITLE VP/S ☐ Change ☒ Addition  
3.2 NAME ORLANDO, LILY  
3.3 STREET ADDRESS 17933 EAST ROAD  
3.4 CITY-STATE-ZIP HUDSON, FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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. 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: X

RICHARD S. ORLANDO

09/30/99 (727) 863-4237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR