

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000107404 (0)**

1. Corporation Name

O.C.P. DEVELOPMENT CORPORATION, INC.

Principal Place of Business
**1146 SAN JOSE FOREST
ST. AUGUSTINE FL 32084**

Mailing Address
**1146 SAN JOSE FOREST
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1997

4. FEI Number
59-3482934

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

2a. Mailing Address

10033 Sawgrass Dr. West

Suite, Apt. #, etc.

Suite 104

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. John

Zip

Country

9. Name and Address of Current Registered Agent

**HAGLER, KENNETH D ESQUIRE
5 PALM ROW
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

John Linge
Street Address (P.O. Box Number is Not Acceptable)
10033 Sawgrass Dr. W. Suite 104
City **Ponte Vedra Beach** **FL** Zip Code **32082**

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

John B. Linge, Jr.

John B. Linge, Jr.

7/18/98

Signature typed or printed name of registered agent if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
President	C. Frank Riggle III	153 Marchside Dr.	St. Augustine, FL 32084	<input type="checkbox"/>
Treasurer	John Linge	10033 Sawgrass Dr. W. Suite 104	Ponte Vedra Beach, FL 32082	<input type="checkbox"/>
Secretary	Harold C. Pabst	1146 San Jose Forest Dr.	St. Augustine, FL 32084	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

John B. Linge, Jr.

7/18/98

904.880-2121

FILED
Aug 13 1998 8:00am
Secretary of State



CR2E034 (5/98)