FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S31750 (0)

1. Corporation Name
OOO, INC.

Principal Place of Business
1110 N.W. 6TH STREET
GAINESVILLE FL 32601

Mailing Address
1110 N.W. 6TH STREET
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21 305 N.E. 1st Street
Suite, Apt. #, etc.
22
City & State
23 Gainesville, FL
Zip 24 32601 County 25 USA

2a. Mailing Address
26 305 N.E. 1st Street
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip 29 32601 County 30 USA

4. FEI Number: 59-3058163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent

EDINGER, GARY S
1110 N.W. 6TH STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: Gary S. Edinger
82 Street Address (P.O. Box Number is Not Acceptable): 305 N.E. 1st Street
83
84 City: Gainesville FL 85 Zip Code 32601

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: Gary S. Edinger R.A. 4/27/95

12. OFFICERS AND DIRECTORS

TITLE	~~P~~
NAME	~~CHAMBERS, JOHN~~
STREET ADDRESS	~~17035 SE COUNTY RD 234~~
CITY-ST-ZIP	~~MICANOPY FL 32614~~
TITLE	~~D~~
NAME	~~SMITH, CLYDE~~
STREET ADDRESS	~~17035 SE COUNTY RD 234~~
CITY-ST-ZIP	~~MICANOPY FL 32614~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P	[X] Change ☐ Addition
1 NAME	JERRY SULLIVAN	
1 STREET ADDRESS	17035 SE County Road, 234	
1 CITY-ST-ZIP	Micanopy, FL 32667	
2 TITLE	D	[X] Change ☐ Addition
2 NAME	MISTY LEAHY	
2 STREET ADDRESS	17035 SE County Road, 234	
2 CITY-ST-ZIP	Micanopy, FL 32667	
3 TITLE		☐ Change ☐ Addition
4 TITLE		☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Sullivan 4/30/95 (904) 338-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0032473 CP