

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **S37479** (0)

1. Corporation Name

O. T. C. ENTERPRISES CORPORATION



Principal Place of Business

**1920 MONROE ST.
TALLAHASSEE FL 32303**

Mailing Address

**1920 MONROE ST.
TALLAHASSEE FL 32303**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

03/11/1991

3a. Date of Last Report

02/15/1995

4. FEI Number

59-1824990

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GASS, ROBERT T
1920 N MONROE
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Print or type name of signatory and address, if applicable)

(Print or type name of signatory and address, if applicable)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	GASS, ROBERT T.	
3. STREET ADDRESS	1920 N MONROE ST	
4. CITY, ST, ZIP	TALLAHASSEE FL	
5. TITLE	D	☐ DELETE
6. NAME	HELLER, JOHN R.	
7. STREET ADDRESS	RT. 2, BOX 2510 RFD	
8. CITY, ST, ZIP	LONG GROVE IL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY, ST, ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY, ST, ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY, ST, ZIP	
17. 17. TITLE	☐ Change ☐ Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY, ST, ZIP	

14. I 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)(k), 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 or on an attachment with an address.

SIGNATURE: *X Robert T. Gass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

Date

Telephone

CR2E034 (12/95)