

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90071 005 ***150.00

DOCUMENT # S62735

1. Corporation Name
O S P C, INC.

Principal Place of Business
3316 N.E. 14TH STREET
OCALA FL 34470

Mailing Address
3316 N.E. 14TH STREET
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

59-3074668

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ELFERS, LEE
3318 N.E. 14TH STREET
OCALA FL 34470

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ELFERS, LEE
STREET ADDRESS 3318 N.E. 14TH STREET
CITY-ST-ZIP Ocala FL 34470 ☐ DELETE

TITLE VP
NAME ADCOCK, SANDRA L
STREET ADDRESS 1312 N.E. 33RD AVENUE C
CITY-ST-ZIP Ocala FL 34470 ☒ DELETE

TITLE S
NAME HENNIS, DONNA K
STREET ADDRESS 21110 HIGHLANDS LAKES
CITY-ST-ZIP MIAMI FL 33179 ☐ DELETE

TITLE VP
NAME ADCOCK, JACK T
STREET ADDRESS 1312 N.E. 33RD AVENUE C
CITY-ST-ZIP Ocala FL 34470 ☐ DELETE

TITLE S
NAME ADCOCK, VICKI L
STREET ADDRESS 1312 NE 33RD AVE.-C
CITY-ST-ZIP Ocala FL 34470 ☐ DELETE

TITLE VP
NAME DOMES, DONNA L
STREET ADDRESS 1312 NE 33RD AVE. C
CITY-ST-ZIP Ocala FL 34470 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V.P. Judy P. Bearsley ☐ Change ☒ Addition
2.2 NAME 4607 W.T.E. 8 pl.
2.3 STREET ADDRESS Ocala Fla. 34470
2.4 CITY-ST-ZIP

3.1 TITLE DONNA K. Hennis ☒ Change ☐ Addition
3.2 NAME 2040 W.E. 197 Ave.
3.3 STREET ADDRESS W. W. Morris Beach 71-33179
3.4 CITY-ST-ZIP

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

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

6.1 TITLE V.P. Madison W. Roberts ☐ Change ☒ Addition
6.2 NAME 10955 W.E. 210 St
6.3 STREET ADDRESS Ft. McCoy Fla 32134
6.4 CITY-ST-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; 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0489420