FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnan ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)S93279 **DOCUMENT #** 1. Corporation Name HAVE A CUP OF OCALA INC. Mailing Address Principal Place of Business P.O. BOX 831 1085 SE 52ND CT. OCALA FL 34478 **OCALA FL 34471** 3a. Date of Last Report 3. Date Incorporated or Qualified 07/25/1995 11/04/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3092276 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Country 2ϕ Zio ¥ Yes □ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BOUMER, JOHN 82 1085 SE 52ND CT. 83 OCALA FL 34478 Zip Code 85 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 resument or the provisions of acceptage of control of the control SIGNATURE wher remobility during Respondent Agent September to American Signature by est depreted care or resolution agent and total republication ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Aodition DELF IL 1 THEF TITLE 1.2 NAME **BOUVIER, JOHN** 1085 SE 52 CT 1.3 STRELL ACORES: STREET ADDRESS OCALA FL 1.4 CiTY - ST - 20F COTY - ST - ZIP ☐ Change Addition DELETE 2 1 1-TLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 C/TY - ST - 2/F ☐ Change Addit on DELETE 3 1 hftE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIF CITY-ST-ZIP Change Addition DELETE 4 1 1/7LE TITLE 4.2 NAME NAME 4.3 STREE" ADDRESS STREET ADORESS 4.4.0/1Y - ST ZIP CITY - ST - ZIP Addition Change DELFTÉ 5 1 Tille TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 OiTY - ST. 7(f) CITY-ST-ZIP Add tion Change DELETE 6.1 File TITLE

14. If do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes. If 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 certify that I am an officer or director of the comporation on the recover 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 9 an attachate with an address.

64 CITY \$1-7P

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

PROTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)