SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** V31115 (1)UNLIMITED CONCEPTS OF OCALA, INC. Principal Place of Business Mailing Address 2530 S.E. 41ST STREET 2530 S.E. 41ST STREET OCALA FL 34480 OCALA FL 34480 3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1992 04/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3124035 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BUCHHOLZ, TERRY L. 2530 S.E. 41ST STREET Street Address (P.O. Box Number is Not Acceptable) 82 **OCALA FL 32671** 83 84 City 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or princes have old registered agent and the if applicable (EQTE Projectived Agent signature required when recostituting) fint; 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)TITLE DELETE 11 TITLE Change Addition NAME BUCHHOLZ, TERRY L. 1.2 NAME CR2E034 2530 SE 41ST ST. STREET ADDRESS 1.3 STREET ADDRESS OCALA FL DITY-ST-ZIP 14 CITY - ST-ZIF TITLE DELETE 21 TITLE Change Addition NAME BUCHHOLZ, CHERYL L 22 NAME 2530 SE 41ST STREET STREET ADDRESS 2.3 STREET ADORESS OCALA FL CITY-ST-ZIP 2 4 CITY - ST - ZIP THIF DELETE 3 : 111LE Change NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DECETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIF TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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)(k). Florida Statutes 1 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 it made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changing or an an attachment with an address.

SIGNATURE: SIGNATURE SIGNATURE AND THE OF SIGNING OFFICER PROFIECTOR

Juguet 5,1996 352-867-5910