

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000001211

Entity Name: OCALA WINSUPPLY CO.

Current Principal Place of Business:

1500 SW 17TH AVE #300
OCALA, FL 34471

Current Mailing Address:

C/O WGS - COMPLIANCE SERVICES
3110 KETTERING BLVD
MORaine, OH 45439 US

FEI Number: 26-2133725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT & DIRECTOR
Name JOHNSON, DON E
Address 1500 SW 17TH AVE #300
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name LARKIN, DENNIS M
Address 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title SECRETARY & DIRECTOR
Name MUEGEL, PHILIP E
Address 1000 HURRICANE SHOALS RD C-100
City-State-Zip: LAWRENCEVILLE GA 30043

Title TREASURER
Name CULLER, SEAN W
Address 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

Title DIRECTOR
Name SALSMAN, MONTE L
Address 3110 KETTERING BLVD
City-State-Zip: MORaine OH 45439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SEAN W CULLER

TREASURER

04/22/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date